County Borough of Derby.

ANNUAL REPORTS

OF THE

MEDICAL OFFICER OF HEALTH

AND

CHIEF SCHOOL MEDICAL OFFICER

FOR THE

YEAR 1937,

BY

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Dr. M. Elsom resigned her duties as Public Vaccinator No. 1 District 30/9/37.
Dr. P. G. Leeman appointed Public Vaccinator of No. 1 District 1/10/37.

Dr. G. N. Findlay,	terminated	his	duties on	31/3/37.
Dr. E. G. Barnes,	,,	,,	,,	10/5/37.
Dr. J. S. Meredith,	,,	,,	,,	18/9/37.
Dr. D. G. Liversedge	,,	,,	,,	29/10/37.
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PUBLIC HEALTH DEPARTMENT,
1, DERWENT STREET,
DERBY.

June, 1938.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH AND EDUCATION COMMITTEES.

LADIES AND GENTLEMEN,

In bringing to your notice the more outstanding matters relating to the public health of 1937, it would be as well first to note one or two important facts as disclosed by the vital statistics. The population, as estimated by the Registrar General, has further declined to 139,700, showing a reduction of 2,700 since the taking of the census in 1931. The number of inhabited houses during the same period has increased by 3,000, and the number of persons per house, which stood at 3.97 in 1931, has now been reduced to 3.69.

The main reason for this decrease of the population is migration from the borough to areas immediately outside the boundary. Anyone revisiting Derby after ten years' absence could not fail to be impressed at the vast amount of building which has taken place north, south and west of the town. Another point to note is that the majority of the emigrants are those who are in a position to buy their own houses, and it can be reasonably taken that those in less fortunate circumstances still remain in the borough.

Should this set of circumstances reflect on the health of those remaining within the borough boundary ? We know that some 1,500 houses have been demolished under slum clearance schemes and that the bulk of the people have been rehoused under more hygienic conditions. We also know that the number of inhabited houses has increased by 3,000 with almost 3,000 fewer people to occupy them. This in itself should tend to minimise the likelihood of overcrowding and reduce the percentage of "farmed out" houses.

If better housing conditions is the basic principle of improved public health, then we ought to look forward to the vital statistics of future years with considerable interest.

There has been a decrease in the number of marriages this year and I think it is to be expected. The marked fall in the birth rate since the war period naturally limits the number of candidates available, and with fewer marriages there will be correspondingly fewer children born, unless the fashion of larger families comes into being once more.

A slight increase is shown in the birth rate for the year and a more marked rise in the number of deaths, this latter being mainly due to the increased number of respiratory cases consequent on an influenza outbreak at the beginning of the year. Fortunately, the weather at that time was relatively mild otherwise the fatality rate would have been more serious.

In showing the age distribution of deaths we have introduced another age period—65 and under 75 years—in order to give a better idea of what is taking place, more especially as we now have a relatively larger proportion of the community in the more advanced age periods. It will be noted that the increase in the number of deaths was practically confined to the older people.

Quite recently death has taken toll of the Council's most ardent advocate for cremation in the person of the late Councillor Walker, but I trust that another will take his place and endeavour to give the facilities of cremation to residents of the borough. I am aware that at the present time the commitments of the Corporation are heavy, but I honestly believe that a crematorium would in the long run, taking land and everything else into consideration, prove an economical investment. Those who favour cremation are increasing in number every day, but to obtain this hygienic form of disposal necessitates spending money out of the town.

I would draw your attention to the table setting out the causes of death in the various wards. Once again, King's Mead is in the unenviable position of showing the greatest number of deaths. It heads the list in diseases such as tuberculosis and pneumonia, which is suggestive of poor economic conditions and a lack of staying power. It is in fact one of the poorest districts in the town, and although very considerable gaps have been made by clearance schemes the economic condition of the people as a whole is low. Babington and Friar Gate follow close on the heels of King's Mead. We are aware that there are still some bad spots in the former, and these may be the subject of a big scheme for consideration in 1938. Friar Gate owes its position almost entirely to its old inhabitants.

The greatest improvement is shown by Abbey Ward with the smallest number of deaths—last year they were well down in the table. Osmaston Ward, which gave the best figures last year, has dropped to ninth place. This ward should, on its housing standard, always be at the top or thereabouts, but I don't think its full benefits will be demonstrated for some years to come when the younger generation should produce the results of their improved environment.

MATERNITY AND CHILD WELFARE. For some years the departments dealing with maternity and infants, toddlers and school children, have been moving on their own footing, and as so often happens under such circumstances they tend to become water-tight departments. To suggest such a thing to those concerned would at once lead to protests, but, nevertheless, to those working outside it has been obvious that as soon as any suggestion of interference or co-operation—call it what you like—was mooted, the door was shut and very little more could be done. The Health and Children's Care Committees met together several times and finally agreed to amalgamate as far as possible the personnel of the two committees. This scheme was brought into being during the year and will, I believe, be a benefit to everybody concerned. The mother will deal with the same set of doctors and nurses up to the time her children leave school ; she will have greater opportunities for the inspection and examination of her offspring of different ages ; she will be able to have the full use of all the specialised services which are provided by the Corporation.

For the staff it will bring a little more variety into their lives and they will see the results of their work amongst infants with greater or less satisfaction as the years go by. Dr. Morrison has dealt more fully with this scheme in the Child Welfare section of the report and I would commend your perusal of same.

Another outstanding change in previous custom has been brought about by the law which empowered local authorities to appoint municipal midwives. For many years the private midwife has pursued a very precarious existence. With the majority it was run as a side-line to augment the household expenses, while the few who did run it as a paying concern had to take so many cases that it was often difficult to do either themselves or their patients full justice. There was also still on the Roll a number of women who were never qualified by examination and had no conceptions of modern practice.

To bring this unsatisfactory state of affairs to an end Parliament instructed local authorities to pension off certain women and bring as many of the others as possible under their control, with fixed incomes, direct supervision, and periodic spells in hospital in order to keep them abreast of the times. As time goes on it is safe to say that all midwives will primarily be trained nurses and may further increase the difficulty of staffing hospitals. But whatever else it does it is not likely to make any difference in the maternal mortality rate.

In Derby it was ascertained that six of the existing midwives wished to come into municipal service, one elected to remain in a small private practice and the remainder surrendered their certificates. The Corporation scheme was agreed to by the local medical profession and the voluntary Nursing Institute and the results of the work will be watched with interest.

In the vital statistics there is little change from the previous year, and it will be noted from the tables that the bulk of the infantile deaths take place within one month of birth and these are mostly during the first week.

A reorganisation is gradually taking place in the child welfare centres. For years past these have been held in mission halls and the like, but the accommodation has never been satisfactory. In co-operation with the Education Committee, districts are being selected for the erection of new premises in the vicinity of large schools and these will be utilised for both school clinic and child welfare purposes.

At the end of the year, arrangements were being made on the instructions of the Ministry of Health for additional supplies of milk for children and expectant mothers over extended periods.

The Home Help Service continues to show expansion, the number of applicants having increased by 14 over the previous year. It is a pity that this service could not be extended for purposes other than maternity cases. There are many cases to our knowledge of mothers being taken to hospital on account of illness and young children being left at home. If the mother could be assured that proper care and attention was being given at home, that feeling of satisfaction might materially assist her in her own recuperation.

School Children. One cannot read through the columns of a newspaper nowadays without coming across some case which has been brought before the juvenile court where the magistrates have ordered a further examination before coming to their decision. These children are a very definite problem which in many cases can be solved by people who have studied this intricate subject.

Many of these difficult children appear in the juvenile courts but many more are a source of considerable difficulty both to their parents and teachers.

In some parts of the country child guidance clinics have been established to deal with these cases, and it has been found that the most satisfactory and economical method of adoption in small populations has been the part-time appointment of the same person for contiguous areas.

I would strongly advise the members of the Education Committee to consider such an appointment.

While on the subject of appointments it will be noticed that an additional doctor and dentist have been added to the staff. The former is shared with the Child Welfare Committee for both school and infant work, while the latter is shared with the Health Committee for hospital and other services previously undertaken in a part-time capacity.

Dr. Morrison has provided some figures in the school report which call for comment, but for which I cannot give the reason. I refer to the three small sets of tables under the heading "visual defects." Up to about 1933 there was a gradual increase in the number of children with defective vision and we were alarmed at the lack of proof of the cause. We did know that :—

(1) a large percentage of the children attended the picture houses and occupied the seats nearest the screen.

(2) the lighting in a large percentage of the homes was only fair or worse.

(3) homework could not come under suspicion as only a very small percentage of the children were given any to do.

(4) there were nearly three times the number of defects found amongst the children attending poorly lighted schools.

(5) children in the poorer districts generally had the greater number of defects.

These are all circumstantial factors and prove nothing. The cause may be any one or a combination of them, or even something else which we have entirely overlooked. Since 1934 something has happened which has materially improved ~~affected~~ the eyesight of school children in Derby. As the tests are the same and the personnel have shown practically no change, the human factor may be removed. During the last five or six years new schools have been opened, large numbers of slums have been demolished and their occupants have moved to modern buildings, and small improvements have been made in picture houses. These are all facts, and I'm afraid you will have to try and make your own deductions from them. It is hoped to go more fully into smaller details in the near future.

It may be remembered that in the previous year's report an account was given of the orthoptic clinic which was opened at the Derbyshire Royal Infirmary in co-operation with the Education Committee. This year it has been possible to give some of the results of the working of the clinic, and on examination it will be agreed that the figures reflect considerable credit on all concerned. In this treatment, as in others, one comes across the minority of parents and children who cannot or will not co-operate, and it is a problem to know what is the best course to pursue.

When studying the figures of the unsuccessful cases it must be appreciated that it will be some time before we can work a " normal " year. In a " normal " year we will have some 50 new cases suitable for treatment, but at present we are also working on cases which have accumulated and some, unfortunately, are proving too old to respond to this form of treatment.

INFECTIOUS DISEASES. Farmers, gardeners and holiday-makers are well known for their remarks on the weather, but when you read Dr. Haigh's report on infectious diseases you will find that he also can be added to the list of complainants, though, in his case, it is as an epidemiologist. I would particularly draw the attention of members of the Council to this part of the report as it has an important bearing on future policy. The lessons to be learned from the work carried out at the Railway Servants' Orphanage are many, and it gives some valuable knowledge on the immunisation problem.

It has been a very heavy time for the staff, both administrative and hospital, dealing with infectious diseases. Heavy outbreaks of the commoner infections have been with us throughout the year, and just to make things more difficult sporadic cases of enteric, doubtful smallpox and the like have made their appearance. It is these early single cases which cause so much anxiety to the staff. Missed contacts might soon develop into a big outbreak, when we would be hammered by the community in every part of the town although they know little of the difficulties we are continually up against and successfully combating.

Another point to be noted is the mortality rate at the Isolation Hospital. In spite of the big number of admissions (about 1,000) only ten cases proved fatal, which speaks well for the treatment. On the other side of the picture you have full wards, difficulty in recruiting nursing staff, sickness amongst staff and the hundred-and-one difficulties which all seem to come one on top of another. Those in charge of the Isolation Hospital certainly deserve a pat on the back for their work this year.

The sanatorium side of the institution has been a thorn in the flesh for some considerable time and a scheme has been produced and approved for very radical alterations. On the top of the hill a new sanatorium block will be erected, comprising 30 beds for bed cases (principally) with a treatment portion (including X-Ray plant) separating the sexes. As regards the existing building

(a) Male—Red Cross Pavilion—will undergo minor alterations including extra lavatory accommodation.

(*b*) Women's Block—will be divided into two parts with a lounge and messing accommodation for the male patients at one end and room for observation cases at the other (male).

(*c*) The children's ward will be adapted for women.

(*d*) The wooden shelters will be removed.

(*e*) The laundry will be enlarged so far as the site will allow.

(*f*) An additional wing will be added to the nurses' home which will allow for increased staff required for new buildings and shortened hours.

It is hoped that a start will be made to this work during the coming year. There is also included in the proposals additional isolation accommodation but the details of this have not yet been brought forward for approval.

At the City Hospital too, approval has been given to further building. An additional wing is being added to the nurses' home to give the extra rooms required for the re-organisation of the nursing staff plus the pupil midwives who will be admitted under the new training arrangements instituted by the Central Midwives Board. The special treatment block is also being enlarged.

The admission block to the maternity section was completed at the end of the year and will fill a long-felt want.

HOUSING. The inspection of property still continues. It has been suggested that the removal of all the old houses which were huddled together in courts would being the slum clearance problem to an end. That section of the work was comparatively easy, but it was only a section. There are a large number of houses in the borough which, in their present condition, are definitely unsuitable. These houses form parts of streets and as such are in a very different class to the court houses. Many of them could be put into good order, but either the owner does not consider such an outlay a good investment or his economic circumstances prevent the laying out of the money. On the other hand, we consider that many are not worth repairing, yet the owner, from sentimental or other reasons, says he will do the job. In the majority of cases the committee are prepared to accept undertakings but the number of these which are carried out is comparatively small and demolition orders are served in default.

There are one or two areas which are causing the committee and its advisers a considerable amount of thought. It is no secret now that one of these is that area in the angle formed by the junction of Burton Road and Green Lane and was formerly known as " the City." The time is ripe for the re-development of that area, but though no decision has yet been reached it is anticipated that some scheme will be adopted during 1938.

Towards the end of the year it was hoped that the dust-bin business would come on a more satisfactory footing. Power is given in the 1936 Public Health Act for the Corporation to supply and maintain new bins. The condition of bins is a continuous cause of complaint, and we thought that Corporation ownership would put " paid " to this trouble. Financial stringency has delayed this change-over, but, we hope, not for very long. Meanwhile the provision and replacement has been made the responsibility of the Cleansing Department, and we will only be called in when statutory notices are required.

CONCLUSION. One might summarise 1937 as being a fairly average year without showing any great plus or minus variations. The introduction of various new schemes has been accompanied by an extra amount of preparation as is only to be expected. In addition to that the occurrence of spasmodic outbreaks of the more serious infections and the difficulties attendant on shortage of staff consequent on influenza and other infections, has made it a year which has had more than the average in the way of work and worry to the staff as a whole. That these difficulties have been overcome to the satisfaction of the committee says much for the manner and keenness displayed by the members of my staff over the period.

I am,

Ladies and Gentlemen,

Your obedient servant,

GORDON LILICO.

HEALTH REPORT

1937.

1--GENERAL.

INCLUDING REPORTS

BY

MR. E. H. BENNETT, M.Inst., M. & Cy.E., Borough Surveyor,

AND

MR. ALBERT CONNOR, M.I.P.C., Director of Public Cleansing and Transport Manager.

STATISTICAL SUMMARY.

Area of Borough		8,133 Acres.
Elevation above sea level—	highest, Burton Road	325 ft.
	lowest, Alvaston Ward	126 ft.
	Market Place	157 ft.
Population at Census, 1931	Males 68,893 Females 73,510	142,403
Estimated Population for 1937		139,700
Number of Houses (1931 Census)		34,875
,, Inhabited Houses at end of 1937 (according to Rate Books)		37,800
No. of Uninhabited Houses at end of 1937 (according to Rate Books, incl. prop. scheduled for demolition)		350
Number of Families or separate Occupiers (Census 1931)		35,949
Number of persons per acre at Census, 1921		24·6
,, ,, ,, 1931		20·0
Number of persons per House at Census, 1921		4·55
,, ,, ,, 1931		3·97
Rateable Value of the Borough (General Rate)		£942,395
Estimated amount realised by a Penny Rate		£3,700

1937.

		Rate per thousand population.
Marriages	1,195	17·1

	Total.	Males.	Females.		
Live Births, legitimate	1,993	1,035	958		
illegitimate	72	41	31		
Total	2,065	1,076	989	Birth-rate	14·8
Births (notified)	2,040	—	—		
Still Births	78	46	32	Rate per 1,000 total births	36·4
Deaths	1,805	967	838	Death rate	12·9

Death Rate adjusted by the Comparability Factor (1·04) supplied by the Registrar General	13·4
Percentage of Total Deaths occurring in Public Institutions	49·9
Excess of Births registered over Deaths	260

Deaths from Puerperal Causes—

	Deaths.	Rate per 1,000 total (live and still) births.
Puerperal Sepsis	3	1·39
Other Puerperal Causes	7	3·27
Total	10	4·66

Deaths of Infants under one year of age—

Legitimate, 123. Illegitimate, 9. Total, 132.

Death Rate of infants under one year of age per 1,000 live births—

Legitimate, 59·6. Illegitimate, 125·0. Total, 63·9.

Deaths from Measles (all ages)	3
,, Whooping Cough (all ages)	8
,, Diarrhœa (under 2 years of age)	8

BIRTHS.

Birth-rate, 1937 ... ... 14·8

The Births registered during the year numbered 2,747, as compared with 2,654 in 1936; of these 2,747 births, 701 were strangers, and there were 19 births of Derby babies registered outside the Borough, making a net total of 2,065. The corrected birth-rate was, therefore, 14·8.

DEATHS.

		Rate per 1,000 population.
Zymotic Diseases	26	0·19
Tuberculosis of Respiratory System	77	0·55
Other Tuberculous Diseases	11	0·08
Respiratory Diseases	147	1·05

DEATH RATES :—	Rate per 1,000 population.
England and Wales	12·4
125 County Boroughs and great towns (including London) ...	12·5
148 smaller towns (Resident Populations, 25,000—50,000 at Census, 1931)	11·9
London Administrative County	12·3

DEATHS.

Death-rate, 1937 ... ... 12·9

The total number of Deaths registered during the year was 2,130 as compared with 1,986 in 1936; of these 2,130 deaths, 361 were strangers, and there were 36 deaths of Derby residents registered outside the Borough, making a net total of 1,805. The net death-rate, therefore, from all causes was 12·9. The death-rate adjusted by the Comparability Factor (1·04) supplied by the Registrar General being 13·4.

The following analysis shows the distribution of deaths to ages of the Derby residents :—

Under 1 year	132
1 and under 5 years	36
5 and under 45 years	263
45 and under 65 years	462
65 and under 75 years	457
75 and over	455
Total ...	1,805

BURIALS.

The total burials in the Derby Cemeteries for the year 1937 was 1,889, made up as follows :—

1,772	Ordinary Burials.
117	Still-born.
1,889	

Principal Causes of Death, 1937, COMPARISON WITH **1936.**

Cause of Death.	*Deaths in* 1937.	*Increase.*	*Decrease.*
Heart Disease	444	—	31
Cancer	200	—	16
Other Circulatory Diseases ...	107	25	—
Cerebral Hæmorrhage	101	14	—
Pneumonia	91	24	—
Old Age	86	—	4
*Prematurity etc.	85	11	—
Influenza	81	67	—
Violent Causes (including Suicide)	77	—	4
Respiratory Tuberculosis ...	77	—	3
Nephritis	60	34	—
Bronchitis	45	—	7
Diabetes	33	16	—
Other Digestive Diseases ...	21	—	11
Peptic Ulcer	20	—	1
Other Tuberculous Diseases ...	11	—	3

* Including Congenital Defects and Atrophy, Debility and Marasmus.

Inquests held during 1937.—These numbered 137—84 males and 53 females.

Mortuary.—Dead bodies received during the year, 118. Post mortem examinations, 202.

Infantile Mortality.—Of the 132 deaths of babies under the age of one year, 82 occurred during the first month, and of this number 73·2 per cent. (viz., 60) took place during the first week of life.

Excessive Mortality during the year.—Cancer was responsible for 200 deaths during 1937, this being a decrease of 16 as compared with 216 in the previous year. The average mortality in the quinquennium 1913-17 was 120·4, while that of the quinquennium 1933-37 was 200·2. Heart Disease shows an increase of 38 deaths over the yearly average for the preceding five years, and a decrease of 31 as compared with 1936.

DEATHS FROM VIOLENCE.

	1937	1936.
Suicide	17	19
Other Forms of Violence ...	60	62

The following table gives a comparative summary of the Deaths from Other Forms of Violence during 1937 and 1936 :—

	1937.	1936.
Street Accidents.		
Knocked down by Motor Traffic	6	15
Pedal Bicycle and Motor Vehicle Collisions	1	—
Collisions between Motor Vehicles, etc.	3	4
Thrown from Motor Vehicles	2	—
Thrown from Bicycle	—	1
Knocked down by Pedal Cyclist	—	1
Run over by horse-drawn dray	1	1
Fall from Pedal Cycle	1	—
Home Accidents.		
Gas Poisoning	—	1
Poisoning	—	1
Electrocuted	—	1
Burns, Scalds, etc.	4	4
Inattention at Birth (Accidental)	3	2
Under-nourished and Neglect	—	1
Falls, Fractures, etc.	9	10
Suffocated in bed	1	1
Suffocated in own vomit	1	—
Drowning by Vomit	—	1
Aspiration of Stomach Contents into Lungs	—	1
Overlaying	2	—
Asphyxia, obstruction by Mucus	1	—
Procured Abortion	1	—
Drowning	4	3
Homicide	2	—
Accidents at Work.		
Hit by stone whilst Blasting Operations in a Quarry	1	—
Fall from Ladder	2	—
Struck on head by piece of Metal	—	1
Drowned when Tractor overturned into Canal	1	—
Run over by Railway Carriage or Wagon	2	—
Fall from Crane	—	1
Crushed whilst fixing Machinery	—	1
Crushed by Steel Girder	1	—
Falls	2	—
Other Accidents.		
Falls, Fractures, etc.	6	8
Fall whilst Rock Climbing	1	—
Foreign body in Larynx	—	1
Scalds	—	1
War Wounds	2	1

Causes of, and Ages at Death, during 1937.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.												TOTAL DEATHS IN PUBLIC INSTITUTIONS.	
	All Ages.	Under 1 year	1 & under 5 yrs.	5 & under 10 yrs.	10 & under 15 yrs.	15 & under 20 yrs.	20 & under 35 yrs.	35 & under 45 yrs.	45 & under 55 yrs.	55 & under 65 yrs.	65 & under 75 yrs.	75 & over.	Residents.	Non-Residents.
Typhoid and Paratyphoid Fevers	1	...	...	...	...	...	...	...	...	...	1	...	1	...
Measles	3	1	2	...	...	...	...	...	...	...	...	...	1	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	8	4	4	...	...	...	...	...	...	...	...	...	5	...
Diphtheria	6	...	3	1	...	...	...	1	...	...	1	...	5	2
Influenza	81	3	3	1	...	2	7	12	6	22	12	13	31	2
Encephalitis Lethargica ...	5	...	...	...	1	...	1	...	...	1	2	...	3	...
Cerebro Spinal Fever ...	2	...	1	...	1	...	...	...	...	...	...	...	2	...
Tuberculosis of Respiratory System	77	...	...	...	...	2	31	18	14	10	2	...	41	4
Other Tuberculous Diseases	11	...	2	2	2	1	4	...	...	...	...	...	9	6
Syphilis	11	...	...	1	...	...	1	...	...	8	1	...	4	1
General Paralysis of Insane, Tabes Dorsalis ...	5	...	...	...	...	...	...	...	2	1	...	2	3	...
Cancer, Malignant Disease	200	...	...	...	...	...	5	12	32	53	71	27	97	42
Diabetes	33	...	...	...	1	...	1	2	1	8	15	5	21	6
Cerebral Hæmorrhage, etc.	101	...	...	...	...	...	...	1	4	13	41	42	46	4
Heart Disease	444	...	...	1	1	1	4	11	31	83	147	165	141	7
Aneurysm	4	...	...	...	...	...	...	...	1	1	2	...	1	3
Other Circulatory Diseases	107	...	...	...	...	...	...	...	5	14	48	40	28	8
Bronchitis	45	...	3	...	...	...	...	2	4	6	11	19	14	2
Pneumonia (all forms) ...	91	13	7	2	2	2	8	4	13	20	9	11	65	14
Other Respiratory Diseases	11	...	...	...	...	...	2	...	1	1	3	4	7	7
Peptic Ulcer	20	...	...	...	...	...	1	2	6	7	4	...	17	11
Diarrhœa	9	8	...	1	...	...	...	...	...	...	...	...	6	8
Appendicitis	8	...	1	...	1	...	...	1	2	1	1	1	8	10
Cirrhosis of Liver ...	6	...	...	...	...	...	2	...	...	2	...	2	5	...
Other Diseases of Liver,etc.	7	...	...	...	...	...	...	2	...	...	4	1	2	2
Other Digestive Diseases...	20	...	...	...	1	...	2	3	1	2	8	3	14	21
Acute & Chronic Nephritis	60	...	...	...	1	2	7	5	3	9	17	16	28	10
Puerperal Sepsis	3	...	...	...	...	...	3	...	...	...	...	...	3	2
Other Puerperal Causes ...	7	...	...	...	...	...	6	1	...	...	...	...	7	14
Congenital Debility, Malformation, etc. and Premature Birth ...	85	84	...	...	1	...	...	...	...	...	...	...	64	53
Senility	86	...	...	...	...	...	...	...	...	2	11	73	69	1
Suicide	17	...	...	...	...	...	2	2	5	3	5	...	6	4
Other Violence	60	9	2	1	...	1	15	6	7	4	6	9	37	30
Other Defined Causes ...	167	9	7	3	4	2	20	14	18	34	34	22	109	63
Causes ill-defined or unknown	4	1	1	...	...	...	...	...	1	...	1	...	1	...
Totals	1805	132	36	13	16	13	122	99	157	305	457	455	901	337

Causes of Death.	Deaths in or belonging to Localities (at all Ages).																	
	Total.	Abbey.	Alvaston.	Arbor.	Bab.	Becket.	Bridge.	Castle.	Dale.	Derwent.	F. Gate.	K. Mead.	Litch.	Norman.	Osmas.	Pear Tree	Rowditch.	Strangers.
Enteric Fever	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	3	1	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	8	...	...	...	...	...	...	1	1	...	2	1	1	...	1	...	1	...
Diphtheria	6	...	...	...	...	...	...	2	1	...	...	...	1	2	...	...	...	2
Influenza	81	3	2	4	9	3	5	4	7	12	3	6	8	3	6	5	1	4
Encephalitis Lethargica	5	...	...	...	...	...	...	...	3	...	...	...	...	1	1	...	...	...
Meningococcal Meningitis	2	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...
Tuberculosis of Respiratory System	77	3	8	3	6	5	2	5	4	6	5	10	3	2	5	5	5	4
Other Tuberculous Diseases	11	2	...	...	1	...	...	...	...	4	...	...	...	...	3	...	1	6
Syphilis	11	1	...	...	...	...	...	1	...	1	1	2	...	2	2	...	1	1
General Paralysis of Insane	5	...	...	1	1	...	...	1	...	1	1	...	...	...	...	...	...	...
Cancer	200	8	9	12	19	12	13	9	11	11	17	17	11	12	14	16	9	43
Diabetes	33	...	1	2	6	...	...	4	3	2	2	3	4	2	3	...	1	6
Cerebral Hæmorrhage	101	3	5	12	11	5	4	7	6	8	7	2	6	9	5	5	6	5
Heart Disease	444	24	26	28	31	31	29	23	24	27	29	36	29	28	16	26	37	12
Aneurysm	4	...	1	...	...	...	...	...	...	...	...	1	1	...	...	1	...	3
Other Circulatory Diseases	107	2	4	5	9	5	7	9	5	7	6	7	11	3	9	7	11	11
Bronchitis	45	1	3	5	5	4	2	2	4	1	3	6	2	1	1	2	3	2
Pneumonia	91	6	7	4	2	3	1	9	1	8	10	11	6	7	7	4	5	14
Other Respiratory Diseases	11	1	1	...	1	...	...	1	...	1	...	...	4	1	1	...	...	7
Peptic Ulcer	20	...	...	...	2	1	...	2	1	2	5	...	1	1	1	3	1	11
Diarrhœa (under 2 years)	8	...	3	...	...	1	...	...	...	1	...	1	2	...	...	...	...	8
Appendicitis	8	...	...	...	...	3	...	...	...	...	...	...	...	1	...	3	1	10
Cirrhosis of Liver	6	...	1	...	...	...	1	...	...	...	1	...	2	...	...	1	...	...
Other Diseases of Liver	7	...	1	1	...	1	...	1	1	...	1	...	...	...	...	1	...	2
Other Digestive Diseases	21	2	1	...	3	...	1	1	...	1	2	1	4	...	1	4	...	22
Nephritis	60	3	3	4	3	2	5	5	4	2	3	9	2	5	2	6	2	10
Puerperal Sepsis	3	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	2
Other Puerperal Causes	7	...	2	...	...	...	...	...	...	...	...	...	1	3	...	1	...	15
Congenital Debility, Malformation, etc., and Premature Birth	85	4	12	2	4	6	2	6	1	4	3	5	4	7	10	8	7	54
Senility	86	4	3	3	10	4	5	7	5	3	14	9	8	4	1	2	4	2
Suicide	17	3	...	1	2	...	2	1	2	1	1	1	...	1	1	1	...	4
Other Deaths from Violence	60	3	6	4	3	2	3	5	1	8	8	5	1	4	3	1	3	35
Other Defined Causes	167	14	18	11	10	8	16	5	11	7	11	8	13	11	11	6	7	66
Causes ill-defined or unknown	4	...	1	...	...	...	1	1	...	...	...	...	...	...	1	...	...	...
Totals	1805	89	118	102	138	97	99	112	96	119	135	141	125	112	107	109	106	361

DERBY RAINFALL, 1937.

We are indebted to Messrs. J. Davis & Son for the following Table :—

According to the return of rainfall experienced at Derby during the past year, and taken by Messrs. John Davis & Son, All Saints' Works, there were 152 rainy days in 1937. The amount of rain which has fallen is 26·42 inches, which is 2·38 inches below that of the average of the twenty-one years, 1916-1936. The detailed figures are as under :—

	DERBY.		DUFFIELD.		
	Inches.	No. of rainy days.	Inches.	No. of rainy days.	Average for Derby, 1916-1936 inclusive.
January	3·25	20	4·46	20	2·48
February	4·34	22	5·44	24	2·10
March	2·42	15	2·66	18	1·88
April	2·24	13	2·35	15	2·09
May	2·23	14	2·67	16	2·46
June	0·95	6	0·71	8	1·88
July	2·65	9	3·23	8	2·80
August	0·33	6	0·39	5	2·82
September	1·43	10	1·46	11	2·48
October	1·96	9	2·32	12	2·77
November	1·67	8	1·83	9	2·49
December	2·95	20	3·85	20	2·55
	26·42	152	31·37	166	28·80

REFUSE COLLECTION AND DISPOSAL.

Mr. A. Connor, Cleansing and Transport Superintendent, reports as follows :—

During the year 1937, work has been proceeding on the erection of new Refuse Disposal Works in Stores Road, and it is expected that these will be in operation in April, 1938.

One patent rear-loading vehicle with hydraulic compression device for packing the refuse inside the vehicle has been placed into service.

In the Street Cleansing section a second patent vacuum Gully Emptying Machine has been in operation and the whole of the gullies in the Borough are now mechanically emptied, flushed and re-sealed.

Refuse Collected and Received.

House and Trade Refuse Collected	31,599 Tons.
Night-soil Collected	149 Tons.
Trade Refuse delivered by Tradesmen	4,784 Tons.
	36,532 Tons.

Refuse Disposal.

Controlled Tipping —Alvaston Tip	35,205 Tons.
—Other Tips	1,327 Tons.
Burned in the Destructors	Nil.
	36,532 Tons.

Moveable Ashbins Provided.

Housing Committee	881
Private Owners	148
	1,029

Number of Cats, Dogs, etc., disposed of 2,719

Power Vehicles utilized for Cleansing Purposes.

1. Collection of Refuse :—
   Petrol Motor 14
2. Street Cleansing and Watering :—
   Petrol Motor 5

SEWERAGE.

The following information is supplied by Mr. E. H. Bennett, Borough Surveyor :—

Sewers cleaned out during the year.

The total length of sewers cleaned out represents about 12·65 miles. Total loads of Silt—236.

Manholes cleaned out during the year 1,032

New Sewers laid during the year.

Roe Farm Housing Estate	4,831 yds
Chesterton Avenue (Sherwood Estate)	300 ,,
Willesley Avenue do.	200 ,,
Gurney Avenue do.	600 ,,
Nevinson Avenue do.	240 ,,
Wiltshire Road (Roe Farm Estate)	154 ,,
London Road (New Estate)	140 ,,
West Bank Avenue (Duffield Road)	240 ,,
Town Planning Road No. 4	3,724 ,,
Traffic Street New Road	140 ,,
Windmill Hill Lane	63 ,,
Parcel Terrace	109 ,,
Traffic Street	280 ,,
Osmaston Park Road Recreation Ground	267 ,,
Stenson Road	7 ,,
Stores Road	117 ,,
Combustion Works, Sinfin Lane	79 ,,
	11,491

Manholes Constructed during the year.

Roe Farm Housing Estate	64
Chesterton Avenue (Sherwood Estate)	5
Willesley Avenue do, ...	5
Gurney Avenue do.	11
Nevinson Avenue do.	6
Wiltshire Road Continuation (Roe Farm Estate)	2
London Road Estate	3
West Bank Avenue (Duffield Road)	6
Town Planning Road No. 4	38
Traffic Street (New Road)	1
Windmill Hill Lane	1
Parcel Terrace	2
Combustion Works, Sinfin Lane	1
Osmaston Park Road Recreation Ground	3
Curzon Street	1
Stenson Road	3
Combustion Works, Sinfin Lane	1
	153

Laboratory Facilities.

The examination of throat swabs, specimens of sputum, etc., is carried out at the Borough Laboratory, Isolation Hospital. Examinations of specimens of Cerebro-spinal fluid, blood for Widal's reaction, etc., inoculation experiments and more elaborate investigations, as well as the Wassermann test, are made at the County Council Bacteriological Laboratories, in St. Mary's Gate, at an agreed charge per specimen.

Samples of water are analysed either by the Borough Analyst at the County Council Analyst's Laboratory or by the Analyst at the Borough Sewage Works Laboratory, Spondon.

Milk and foodstuffs are also examined by the Borough Analyst as above.

Bacteriological Examinations and Inoculation Tests of Milk are carried out at the County Council Bacteriological Laboratories.

POOR LAW MEDICAL OUT-RELIEF.

Mr. R. Grantham, Clerk to the Public Assistance Committee, reports as follows :—

The Borough is divided into six Medical Relief Districts, as follows :—

District.	Wards.	Medical Officer.	Population at Census, 1931.
No. 1	Arboretum, Dale, Normanton.	Dr. Margaret Elsom	24,630
No. 2	Abbey, Babington, Becket.	Dr. J. W. King	23,711
No. 3	Bridge, Derwent, King's Mead.	Dr. P. J. Honan	26,434
No. 4	Litchurch, Osmaston, Pear Tree.	Dr. P. G. Leeman	29,107
No. 5	Friar Gate, Rowditch.	Dr. G. A. Russell	18,607
No. 6	Alvaston, Castle.	Dr. H. L. Beckitt	19,914

Each District Medical Officer has a surgery within their respective District.

Persons requiring Medical Relief must apply to the Relieving Officer for a Medical Order. This is taken to the Medical Officer, who sees the patient and prescribes the necessary medicines. These are dispensed at the Dispensary, Becket Street, where there is a specially-appointed Pharmacist. Medical Orders are available for four weeks, when a new application is made to the Relieving Officer for continuance.

Ambulance Facilities.

(*a*) There are two Motor Ambulances kept at the Borough Isolation Hospital for utilisation for Infectious cases and Tuberculosis cases, when necessary.

(*b*) Two Motor Ambulances are kept at the Fire Station and are available for the removal of General, Medical, Surgical, Maternity, and Accident cases. The Fire Brigade is responsible for their running, and a small charge is made for the use of same.

One Motor Ambulance is kept at the City Hospital, and is used for the removal of cases to that institution.

It is known that four large firms in the town have motor ambulances which are used in the case of accidents and illness to their workpeople.

CLINICS AND TREATMENT CENTRES.

Name.	Situation.	Nature of Accommodation.	By whom provided.	Days and times held.
Maternity and Child Welfare Centres.			**Local Authority.**	
Alvaston	Carnegie Library, London Rd.	2 rooms in Library	Free Library Committee, without charge to Health Committee	Monday, 2—4 p.m.
Rose Hill	Rose Hill Methodist Church, Normanton Road	5 rooms in Church	Rose Hill Methodist Church at fee of 30/- weekly	Tuesday, 10 a.m.—12 noon, & 2—4 p.m. Thursday, 2—4 p.m.
Nottingham Road ...	Nottingham Rd. Council School	2 rooms	Education Committee's premises	Wednesday, 10 a.m.—12 noon & 2—4 p.m.
Nightingale Road ... ... (Morning Session 9/6/37)	Nightingale Rd. School	5 rooms	Education Committee's premises	Wednesday, 10 a.m.—and 2—4 p.m.
St. Helen's Street ... ... (Monday Session commenced 7/6/37)	Friends' Meeting House, St. Helen's Street	4 rooms in Meeting House	Society of Friends at fee of 5/- weekly	Monday, 2—4 p.m. Thursday, 2—4 p.m.
St. Giles', Normanton ...	St. Giles' Schoolroom, Normanton	4 rooms	St. Giles' Church, Normanton, at a fee of 10/- weekly	Thursday, 10 a.m.—12 noon
Ashbourne Road	Ashbourne Road Congregational Church School	4 rooms	Ashbourne Road Congregational Church at fee of £1 weekly	Friday, 2—4 p.m.
Dean Street	Chapel, Dean Street	2 rooms in Chapel	Dean St. P.M. Mission at fee of 10/- weekly	Friday, 2—4 p.m.
			Voluntary Association.	
Trinity Street	Rear of Nightingale Nursing Home, London Road	2 rooms in Wooden Hut	Derby and Derbyshire Nursing and Sanitary Assoc. (payment made by Corporation under L.G.A., 1929)	Friday, 2—4 p.m.
Ante-Natal Clinics.				
City Hospital	Uttoxeter Road	2 rooms	Health Committee's premises	Tuesday, 2.45 p.m. Thursday, 2.45 p.m.
Trinity Street	Rear of Nightingale Nursing Home, London Road	Partitioned rooms and Doctor's room in Wooden Hut	Derby and Derbyshire Nursing and Sanitary Assoc. (payment made by Corporation under L.G.A., 1929)	In-patients—Tuesday, Wednesday, Thursday and Friday, 11 a.m. Out-patients—First Wednesday in month, 3 p.m.

CLINICS AND TREATMENT CENTRES—*continued.*

Name.	Situation.	Nature of Accommodation.	By whom provided.	Days and times held.
“ Toddlers’ ” Clinics.				
Nightingale Road ... ... (Terminated 1/6/37).	Nightingale Road School	4 rooms	Education Committee’s premises	Tuesday, 2—4 p.m.
St. Helen’s Street ... ... (Terminated 2/6/37)	Friends’ Meeting House, St. Helen’s Street	4 rooms	Society of Friends at fee of 5/- weekly	Wednesday, 2—4 p.m.
Dental Clinic (for expectant & Nursing Mothers).	Temple House, Mill Hill Lane	3 rooms in premises	Education Committee’s premises	Thursday, 2—5 p.m.
School Clinics.				
For Minor Ailment Treatmt.	Central Clinic, Mill Hill Lane	2 rooms in premises	Education Committee’s premises	Mond., Weds., Thurs., Sat. morn.
” ”	Friends’ Meeting House, St. Helen’s Street	3 ” ”	Society of Friends at fee of 5/- weekly	Mon., Thurs. morn.
” ”	Pear Tree Council School	2 rooms in School premises	Education Committee’s premises	Tues. & Fri. mornings.
” ”	Brighton Rd. Council School	2 ” ” ”	” ”	Tues., Fri. mornings.
For Minor Ailment Treatmt.	Firs Estate Council School	1 ” ” ”	” ”	Tues. & Fri. mornings.
For Minor Ailment Treatmt.	Nightingale Road School	3 rooms ” ”	” ”	Mon. &Thurs. morn.
” ”	Nottingham Rd. Council Sch.	2 ” ” ”	” ”	Tues., Friday morngs.
For Minor Ailment Treatment (Nursery children only)	Wright St. Nursery School	No separate accommodation allocated	” ”	Mon., Thurs. afterns.
” ”	Nuns St. Nursery Class	” ”	” ”	” ” ”
” ”	Firs Estate Nursery Class	1 room in School premises	” ”	Tues. & Fri. mornings.
” ”	Trinity St. Nursery Class	No separate accommodation allocated	” ”	Tues. morning and Fri. afternoon.
†*Dental Treatment	Central Clinic, Mill Hill Lane	5 rooms in premises	” ”	Daily, morn. & aftern.
†*Ear, Nose, and Throat ...	” ”	2 ” ”	” ”	Friday morning
†*Eye	” ”	2 ” ”	” ”	Weds. morning. Tues., Thurs., Fri. after.
†*Skin	” ”	2 ” ”	” ”	Wednesday afternoons.

*Also available for children of pre-school age. †By appointment.

CLINICS AND TREATMENT CENTRES—*continued.*

Name.	Situation.	Nature of Accommodation.	By whom provided.	Days and times held.
†Consultation	Central Clinic, Mill Hill Lane	2 rooms in premises	Education Committee premises	Sat. morns. & Monday afternoon.
*†Ultra-Violet Ray	Rear of Central Clinic, Mill Hill Lane	Wooden Building	,, ,,	Each morning and afternoon, except Wednesday afternoon
,, ,, ...	Wright Street Nursery Sch.	1 room in School premises	,, ,,	Weds. morning.
*†Orthopædic	Central Clinic, Mill Hill Lane	2 rooms	,, ,,	Tuesday morning.
*†Orthoptic	,, ,, ,, ,,	Treatment carried out at	Derbyshire Royal Infirmary by	arrangement.
Tuberculosis Clinic Clinics	93, Green Lane,	14 rooms in premises	Health Committee's premises	Monday mornings. Tuesday mornings. Wednesday mornings. Wednesday afternoons. Thursday mornings. Friday, mornings.
Venereal Diseases. Clinics	Derby and Derbyshire Royal Infirmary, London Road	Special accommodation in Out-Patient Department	Derby & Derbyshire Royal Infirmary (cost apportioned between Derby Borough and Derbyshire County Council on basis of Out-patient attendances)	Mon. 6—8 p.m. (males) Wed. 6—8 p.m.(males) Sat. 11.30 a.m.— 1.30 p.m. (males) Mon. 3—5 p.m.(femls.) Thrs. 6—8p.m. (femls)

*Also available for children of pre-school age.

†By appointment.

LEGAL SUMMARY.

Local Acts (containing Sanitary Provisions).

The Derby Waterworks Acts, 1848, 1868, 1873.

The Derwent Valley Water Acts, 1899, 1901, 1904 and 1909.

The Derby Improvement Act, 1879, Part IV.

The Corporation Acts, 1877 (Sec. 60), 1890, 1901, 1913, 1927, 1929 (55,39,40).

Acts Adopted.

Public Health Acts Amendment Act, 1890, Part III., came into operation 20th September, 1899. (Secs. 16 to 27, 32, 33, 36 and 47 repealed, and Sec. 50 amended by P.H. Act., 1936).

Infectious Diseases (Prevention) Act, 1890 (Secs. 7 and 13), came into operation 20th February, 1902. Sec. 5 in respect of Measles and Secs. 5 and 6 in respect of Tuberculosis of the Lungs, 15th July, 1914.

Public Health Acts Amendment Act, 1890, Part II., came into operation 12th December, 1904.

Public Health Acts Amendment Act, 1907 (Secs. 19, 22, 23, 25, 26, 27, 28, 30, 31, 33, 34-37, 46, 50-58, 60, 62 to 66, 76, 77, 93 and 95), came into operation 3rd March, 1910, and Secs. 80, 81, 87, 88, 89 and 90 came into operation 4th January, 1910. (Sections 23, 25 to 27, 34 to 37, 46, 50 to 52, 55 to 58, 60, 62 to 66 and 83 repealed, and Section 33 amended by Public Health Act, 1936).

Public Health Acts Amendment Act, 1907 (Section 24 and Part V.), came into operation 9th February, 1915. (Repealed by 1936 Act).

Public Health Acts Amendment Act, 1890, Part V., came into operation 7th February, 1921.

Public Health Act, 1925, Secs. 13, 15, 18, 20, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 46, 47, 48, 49, 50, 52, 53, 55, came into operation 15th March, 1926. (Sections 20, 36 to 44, 46 to 50, 52, 53 and 55 repealed by 1936 Act).

Public Health Acts Amendment Act, 1907, Sec. 61, came into operation 3rd May, 1926. (Repealed by 1936 Act).

Slaughter of Animals Act, 1933 (Section 1—as to sheep, ewes, wethers, rams and lambs), came into operation 1st January, 1934.

Bye-laws, Regulations and Orders.

1930. Slaughter-houses.
1927. New Streets and Buildings.
1930. Common Lodging Houses.
1891. Nuisances (bye-laws 1 and 4), additional (only apply to Borough as it existed prior to Derby Corporation Act, 1927).
1892. Street Stop Taps.
1898. Dairies, Cowsheds and Milkshops.
1930. Markeaton Baths.

1930.	Houses Let in Lodgings.
1930.	Public Baths.
1904.	Regulations as to Branch Sewers in Main Drainage Area.
1907.	Expectorating in Public Places, etc., Banana Skins, etc.
1908.	Factory and Workshop Statutory Rules and Regulations.
1910.	Underground Rain-water Cisterns (as amended by 1930 bye-laws).
1911.	Confirming Order of L.G.B. under Sec. 51 P.H.A.A. Act, 1907, declaring certain trades to be offensive.
1911.	Regulations as to Communications between Drains and Sewers.
1912.	The Derby (No. 1) Shops Order, 1912.
1913.	The Derby (No. 2) Shops Order, 1913.
1913.	The Derby (No. 3) Shops Order, 1913.
1913.	Regulations as to Communications between Drains and Sewers in Main Drainage Area.
1914.	Additional General Rules for the Government of the Mental Hospital.
1916.	For the Good Rule and Government of the Borough and for the Prevention of Nuisances.
1917.	Spitting on Footways.
1919.	The Derby Shops (No. 4) Order, 1919.
1919.	The Derby Shops (No. 5) Order, 1919.
1921.	Tents, Vans, Sheds, and similar structures used for human habitation (as amended by 1930 bye-law).
1928.	Nursing Homes.
1930.	Bass's Baths.
1930.	Pleasure Grounds.
1930.	For Preventing Waste, etc., or Contamination of Water.
1935.	Prevention of the Fouling of Footways by Dogs.
1935.	Employment of Children and Street Trading.

II.—MATERNITY AND CHILD WELFARE.

REPORT BY

Dr. A. MORRISON, Senior Child Welfare Medical Officer.

INCLUDING REPORT BY

Dr. McKAIL, Medical Superviser of Midwives, etc.

1937 saw the beginning of the amalgamation scheme designed to coordinate still more completely the work of the Health and Education Committees.

For this purpose the town has been divided into four districts. Each district is in charge of a Medical Officer who is responsible for all the children in his area, irrespective of age. The Medical Officer will thus conduct the welfare centres, toddlers' and school clinics. New record sheets have been devised for babies up to two years of age and from that age the routine school Med. card will be used in all examinations. After the last medical examination of a baby a summary of his previous health, etc., is made and entered on the medical card. Thus a complete record of the child's medical history is maintained. At the age of two and subsequently at intervals until the child attends school, a letter of invitation is sent to the parents, notifying them of the advantages and arrangements for further medical examinations and an appointment is afterwards made. This appointment is taken to the home by the H.V. who can thus emphasise personally the advisability of a medical examination. These toddlers' inspections will be made in the Baby Welfare Centres and at the same session so that a mother bringing her baby to the centre may have an older child systematically examined without the necessity of making a separate journey to the clinic. The interchange between the school nurses and the H.V.'s has not yet been made as at present certain administrative difficulties—qualifications and recognition, etc.—have not been overcome. The amalgamation of the nursing services however will be gradually accomplished and in the meantime with the allocations of districts it is hoped the H.V.s and School Nurses will become so well known to parents and children that the personal factor will be firmly established. A very important aspect of the scheme lies in the provision of suitable premises, preferably of a type available for all classes of child life. It has been agreed that these joint clinics are best placed in or near school premises and in principle their eventual erection has been adopted. One such clinic (at Nightingale Road) has been opened for some years and is the type advised for the others. Another at Nuns Street (to replace and combine the St. Helen's Street Clinic and St. Helen's Street and Ashbourne Road Baby Centres) will be opened shortly and it is hoped that plans for three more will be passed in the coming year. These buildings will not only be much more convenient to work, but the facilities for parents will also be improved. It has already been arranged that the special school clinics (dental, eye, aural, orthopaedic, skin, U. Viol., etc.) will be available for all children under five, whether they are in attendance at a nursery school or not, so that schemes of special treatment are now both varied and extensive.

The defects under previous arrangements were chiefly that there was no adequate provision for the general routine medical examination of children from 2—5, that there was a certain amount of overlapping, and that the cooperation between the staffs (medical, nursing and clerical) of Health and Education was not so complete as desirable. This inevitably resulted in a comparatively small proportion of the school children being examined and to some curtailment or omission in the records of the child. It is certain that progress along these lines will be accomplished under the new scheme and that in consequence a corresponding improvement in the care and general health of the child community will be shown.

MATERNITY AND CHILD WELFARE.

Infantile Mortality during the year 1937.

Deaths from stated Causes at various Ages under One Year of Age.

	CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
i. Common Infectious Diseases.	Measles	...	...	...	...	...	...	...	1	...	1
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...
	Diphtheria: Croup	...	...	...	...	...	...	...	...	...	...
	Whooping Cough	...	...	...	...	...	2	1	...	1	4
	Erysipelas	...	...	...	...	...	...	...	...	...	...
	Influenza	...	...	...	...	...	1	...	1	1	3
ii. Diarrhœal Diseases.	Diarrhœa, all forms including Enteritis, Muco-enteritis, Gastro-enteritis, &c.	...	...	...	...	...	4	3	1	...	8
	Gastritis	...	...	...	...	...	...	...	...	...	...
iii. Wasting Diseases.	Premature Birth	36	6	3	1	46	6	...	...	...	52
	Congenital Defects	9	2	...	...	11	5	...	...	...	16
	Injury at Birth	5	1	...	...	6	...	...	...	...	6
	Atelectasis	1	...	...	...	1	1	...	...	...	2
	Atrophy, Debility, Marasmus	3	2	2	...	7	...	...	...	...	7
iv. Tuberculous Diseases.	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...
	Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...
v. Other Causes.	Meningitis (*not Tuberculous*)	...	...	...	...	...	...	1	...	...	1
	Convulsions	...	...	...	...	...	1	...	...	...	1
	Bronchitis	...	...	...	...	...	...	...	...	...	...
	Pneumonia	1	...	1	1	3	2	4	4	...	13
	Suffocation, overlying	...	...	...	1	1	...	1	...	...	2
	Syphilis	...	...	...	...	...	...	...	...	...	...
	Laryngitis	...	...	...	...	...	...	...	...	...	...
	Other Causes	5	1	1	...	7	3	1	2	3	16
	TOTALS	60	12	7	3	82	25	11	9	5	132

Births registered { Legitimate 1,993 / Illegitimate 72

Deaths { Legitimate Infants 123 Infantile Mortality = 59·6 / Illegitimate „ 9 „ „ = 125·0 } 63·9 per 1,000 reg'd Births

One of the 132 infants had been vaccinated (unsatisfactory).

NEO-NATAL DEATHS, 1937.

Place of Birth.	*Number of Births.*	*Neo-Natal Deaths.*	*Percentage of Neo-Natal deaths to Live Births.*
Nightingale Nursing Home	311	8	2·6
Women's Hospital	52	3	5·8
Derby City Hospital	568 (13 B.B.A.)	37	6·5
At Home attended by Borough Midwives	349	8	2·3
At Home attended by R.N.I. Nurses	356	13	3·7
At Home attended by Municipal Midwives	244	6	2·5

5 Neo-Natal deaths occurred in cases where a doctor was engaged for confinement.

Table showing Increasing Ratio of Neo-Natal Deaths, 1930-1937 inclusive.

Year.	*Total deaths under 1 year.*	*Neo-Natal deaths.*	*Deaths from 1 month—12 months.*	*Percentage of Neo-Natal deaths to total deaths under 1 year.*
1930	172	77	95	44·7
1931	143	73	70	51·0
1932	147	67	80	45·5
1933	124	62	62	50·0
1934	118	67	51	56·7
1935	122	79	43	64·7
1936	125	64	61	51.2
1937	132	82	50	62·1

Maternal Mortality. The form of Questionnaire required by the Ministry of Health has been filled up regarding all Maternal Deaths of Derby residents.

Age.	*Cause of death.*	*Institution.*	*Children left.*
21	Bacterial Endocarditis. Pregnancy labour 13/1/37	D.C.H.	—
26	Streptococcal Septicaemia. Labour on 16/2/37	D.C.H.	—
27	Cardiac failure. Post Partum Haemorrhage from retained parts of placenta. Hydronephrosis and cystic kidney. P.M. ...	D.R.I.	—
27	Eclampsia	N.N.H.	—
29	Sub-acute Bacterial Endocarditis. Lung abscesses. Septic abortion. P.M. ...	D.R.I.	1
29	Septicaemia due to Puerperal Fever. P.M. Inquest	D.C.H.	2
29	Gangrene of lung. Embolism Parametritis...	W.H.	—
29	Cerebral Haemorrhage. Toxaemia of pregnancy. Confined 17/11/37	D.C.H.	1
32	Respiratory failure. Operation. Metrorrhagia. Premature labour.	Newark U.D. Gen. Hosp.	—
36	Air Embolism following Caesarian Section. P.M.	D.C.H.	—

Ante-Natal Clinics.

CITY HOSPITAL.

756 women made 3,664 attendances during the year.

VOLUNTARY.—NURSING ASSOCIATION AND NIGHTINGALE HOME.
Expectant Mothers attended—
867 made 2,968 attendances at 218 Clinics.

Post-Natal Clinics.

MUNICIPAL—
City Hospital.
74 women made 79 attendances during the year.

VOLUNTARY.
Nursing Association and Nightingale Home.
358 women made 358 attendances at 70 Clinics.

Dental Clinic.—Held at Temple House, Mill Hill Lane. Particulars of treatment given to expectant and nursing mothers are as follows :—

REPORT OF DENTAL TREATMENT FOR YEAR ENDED DECEMBER 31st, 1937.

	Mothers.	Child Welfare Centre.	Tuberculosis Clinic.	Isolation Hospitals, etc.	Total
No. of Cases who attended at the Clinic	29	386	56	71	542
No. of Cases actually treated	28	371	11	50	460
No. of Cases to whom advice only was given	1	15	45	21	82
No. of Attendances made at the Clinic ...	87	434	58	112	691
No. of Fillings	—	4	—	18	22
No. of Extractions	80	976	1	112	1169
No. of General Anæsthetics	24	396	—	51	471
No. of Local Anæsthetics	—	—	1	1	2
No. of Dentures constructed	13	—	2	—	15
No of Scalings, Dressings, etc.	51	4	10	13	78

MUNICIPAL MIDWIFERY SCHEME.

The new scheme came into being on 1st July when the six Municipal Midwives who had been appointed commenced duty.

Five of these midwives were appointed from midwives practising privately in the borough, and the sixth ran a small nursing home but had no district practice. Two of the midwives had very small practices and the other three had practices with between 40 and 50 cases per annum.

Each practised over a fairly wide area, and there was a good deal of overlapping of their districts.

Of the remaining eleven midwives practising privately in the borough, five were compulsorily retired on account of age, and four voluntarily retired on 31st July.

Two remained in private practice.

The town was divided into six districts and a midwife was appointed to each. This meant that three municipal midwives took on entirely new districts. No hard and fast boundaries were fixed to the districts.

The midwives were allowed to retain as far as possible the cases they had booked before entering the municipal service, although these cases might not occur on the district allotted to the midwife.

The cases of the retiring midwives were taken over by the municipal midwives on August 1st.

They had paid an ante-natal visit in July to each case in company with the midwife from whom the case was being taken over.

The number of cases allotted to each midwife at the commencement of the scheme is shown in the table on page 37.

The Royal Nursing Institute midwives practise in each area, and in two areas there is an independent midwife in practice. (During the year, three midwives notified their intention of practising privately in the Borough, but no cases were attended by them in 1937).

The midwives attended 244 confinements from July to the end of December, which is roughly an average of 80 each midwife, per annum. The work has not been distributed evenly over the midwives for various reasons, chiefly for the marked preference of a patient for a particular midwife. As the patient is allowed choice of midwife, the midwife is allowed to attend provided the patient's home is not too far distant from her own home.

The midwives relieve each other as far as possible, but when this is not possible relief is given by the Royal Nursing Institute midwives who also do relief work in all cases of infection. The midwives have no definite off-duty time but arrange this at most suitable times amongst themselves.

Arrangements have been made for the patients of the midwives to attend the City Hospital Clinic for ante-natal and post-natal examination. Very few of the midwives' patients take advantage of these facilities, as they state the Clinic is at too great a distance from their homes.

All primiparous women are examined by a doctor at least once during their pregnancy, and the midwives do not find any difficulty in persuading these to attend their doctors. But it is very different with the multiparae, as most of them refuse to attend a doctor for examination unless there is something definitely wrong.

The municipal midwives attended 244 confinements and medical aid was sought in 139 cases.

43 on account of expectant mother.
71 on account of mother.
25 on account of infant.

Eight cases of puerperal pyrexia occurred in their practice and one maternal death. Six cases of ophthalmia neonatorum were notified, five still-births occurred and three infants died while the midwives were in attendance.

Midwife on	*Number of cases booked on July 1st.*	*Number of cases taken over from retiring midwife.*	*Total cases at commencement of scheme.*	*Number of cases booked from 1st July to 31st Dec.*	*Number of confinements taken place.*	*Number of confinements attended by midwife.*	*Number of times acted as Maternity Nurse.*
"A" District	—	13	13	20	36	36	3
"B" District	15	20	35	75	53	50	8
"C" District	6	31	37	25	36	30	4
"D" District	13	23	36	23	46	43	17
"E" District	23	4	27	60	52	51	11
"F" District	15	8	23	25	27	34	7

Midwives.

118 midwives gave notice of intention to practice within the Borough during 1937; three of these were *bona-fide* midwives and 115 were certified women. 73 were attached to institutions (25 at the Derby Royal Nursing Institution, 27 at the City Hospital, 2 at the Poor Law Institution, 14 at the Women's Hospital, 2 at the Borough Isolation Hospital, and 3 at Nursing Homes). 21 were connected with the Health Department (including two School Nurses) and 24 practised privately (eight of these being resident outside the Borough).

Of the 24 midwives practising privately in the Borough, six did not attend any cases in the Borough during the year, the remainder attended 273 cases (261 births and 12 stillbirths). Medical aid was sought in 93 cases, 68 on account of the mother, 24 on account of the infant, and one on account of the mother and infant. In addition, these midwives acted as maternity nurses at 25 cases. 12 cases of ophthalmia neonatorum and 5 cases of puerperal pyrexia were notified in their practices. 33 visits to midwives were paid and 32 interviews.

Medical Aid Forms. 460 reports were received by the Medical Officer of Health during the year. 346 of these were on account of the condition of the mother and 110 of the baby, while four related to both mother and infant.

Medical Practitioners' Fees. The total fees paid to local Medical Practitioners in respect of emergency cases attended in accordance with Section XIV. of the Midwives Act, 1918, amounted to £337 10s. 0d. in respect of 357 claims.

Artificial Feeding. During the year, 278 notifications of proposals to substitute Artificial Feeding were received in accordance with rules of the Central Midwives Board. This number was an increase of 126 as compared with the number received during the year 1936, and is equal to a percentage of 10·04 of the notified births. In 107 instances, Artificial Feeding was supplemental to Breast Feeding, eleven subsequently being substituted.

Baby Incubators. No infants were placed in these incubators during the year.

Maternity and Child Welfare Centres. There were nine Welcomes or Maternity and Child Welfare Centres in existence in 1937, eight of these managed by the Corporation Health Department and one managed by the Nightingale Nursing Institution.

Health Talks were given at the Welfare Centres and Ante Natal Clinic by the Health Visitors, viz. :—

43 at Alvaston Welfare.
12 at Ashbourne Road Welfare.
71 at Rose Hill Welfare.
Nil at St. Giles' Welfare.
35 at St. Helen's Street Welfare.
41 at Nightingale Road Welfare.
Nil at Nottingham Road Welfare.
9 at Dean Street Welfare.

Voluntary Helpers. 21 Voluntary Helpers have again rendered excellent service to the Department.

Attendances at Welfare Centres.

CENTRE.	Welcomes held.	No. of Children attending.	Attendances.			No. of Children weighed.	No. of Children seen by Doctor.
			Mothers.	Babies.			
				Under 1	1–5 Yrs.		
St. Helen's St....	77	450	3002	1832	1527	3111	1574
Rose Hill ...	142	834	7201	4510	3208	7214	3888
Dean Street ...	49	326	3259	2063	1327	3171	1414
Alvaston ...	48	339	3875	2390	1701	3707	1464
Nightingale Rd.	75	486	4283	2527	2250	4399	1901
Nottingham Rd.	95	455	3134	2066	1516	3298	1882
Ashbourne Rd.	49	292	3158	2007	1529	3127	1301
St. Giles' ...	50	231	1690	1180	743	1840	962
*Trinity Street	48	259	1819	1914	143	2057	447
Totals ...	633	3672	31421	20489	13944	31924	14833

* Trinity Street Welfare is a Voluntary Centre controlled by the Derby and Derbyshire Nursing Association.

Numbers of Children making first attendances in 1937.

CENTRE.	Under 1 m'th	1–3 m'ths	3–6 m'ths	6–9 m'ths	9mth's 1 year.	Total.	1–5 years	Total.
St. Helen's Street	62	43	23	10	13	151	54	205
Rose Hill ...	102	183	41	19	7	352	73	425
Dean Street ...	54	72	9	8	5	148	23	171
Alvaston ...	43	78	15	5	4	145	29	174
Nightingale Rd. ...	65	88	13	10	4	180	53	233
Nottingham Rd. ...	48	80	14	11	3	156	42	198
Ashbourne Road ...	36	71	7	7	4	125	16	141
St. Giles' ...	23	61	4	2	1	91	12	103
*Trinity Street ...	70	112	21	7	4	214	4	218
Totals ...	503	788	147	79	45	1562	306	1868

Numbers of Babies entirely artificially fed at first visit.

CENTRE.	Under 1 month.	1–3 months.	3–6 months.	6–9 months.
St. Helen's Street	10	19	12	9
Rose Hill ...	20	68	24	10
Dean Street ...	5	36	6	4
Alvaston ...	5	27	11	4
Nightingale Rd....	9	43	8	10
Nottingham Road	6	34	14	6
Ashbourne Road	7	21	5	6
St. Giles' ...	5	22	6	3
*Trinity Street ...	4	39	8	1
Totals ...	71	309	94	53

* Trinity Street Welfare is a Voluntary Centre controlled by the Derby and Derbyshire Nursing Association.

OPHTHALMIA NEONATORUM.

Cases notified 39

Further information and the table required by the Ministry will be found on page 106.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

Details of cases of Puerperal Fever and Puerperal Pyrexia which have occurred during 1937 will be found in the Section dealing with Infectious Diseases.

All cases of Puerperal Fever and Puerperal Pyrexia occurring at home have been investigated by a Health Visitor, and where cases have occurred in Institutions these have been followed up on discharge, until recovery was completed. Records of cases occurring in Institutions have been completed by the Medical Practitioner in charge of the case.

PEMPHIGUS NEONATORUM.

No cases were notified during the year.

Nursing Homes.

Registered at 31st December, 1936	4
(1) Applications for Registration	—
(2) Homes Registered	—
(3) Orders made refusing or cancelling Registration	1*
(4) Appeals against such Orders	—
(5) Cases in which Orders have been	
(*a*) Confirmed on appeal	—
(*b*) Disallowed	—
(6) Number of applications for exemption from registration	6
(*a*) Granted	6
(*b*) Withdrawn	—
(*c*) Refused	—
On register at end of year	3

Ten visits of inspection were made during the year.

*Registration cancelled on request from the keeper on her appointment as a Municipal Midwife.

Home Helps.

During the year, 83 applications for Home Help services were received. The full fee was paid in 40 cases, a reduced fee in 27 cases, and in three cases no charge was made to the applicant. In 13 instances the applications were withdrawn.

Births.

2,902 notifications were received during 1937 under the Notification of Births Act, 1907. Of these, 2,040 were live births and 82 were still-births relating to Derby residents. 727 were live births and 53 were still-births relating to non-residents. The details were as follows :—

	Derby Residents.		*Non-Residents.*	
	No.	*Percentage.*	*No.*	*Percentage.*
Live Births.				
Notified by Midwives	885	30·5	9	0·3
Notified by Doctors	132	4·5	10	0·3
Notified from Institutions by Midwives	908	31·3	535	18·4
Notified ,, ,, ,, Doctors	115	3·96	173	5·96
Still-Births.				
Notified by Midwives	31	1·1	—	—
Notified by Doctors	8	0·3	—	—
Notified from Institutions by Midwives	9	0·3	14	0·5
Notified ,, ,, ,, Doctors	34	1·2	39	1·3
Totals	2,122	73·16	780	26·76

1,066, or 50·23% of total births relating to residents took place in Institutions. 2,065 births were registered.

Still-Births.—135 Still-Births were notified (81 being notified by Medical Practitioners and 54 by Midwives). 82 were in respect of Derby residents and 53 non-residents. There were 117 burials of still-born children in the Derby cemeteries during the year. 132 still-births were registered, of which 54 related to non-residents. Of the 78 still-births registered relating to Derby residents, one was illegitimate. Percentage of still-births to live births registered was 3·8.

117 still-births were investigated.

Children Act, 1908.

On Register at beginning of year		20
Added during the year		12
Removed from Register—		
Taken out of the Borough	4	
,, to parents out of the Borough	1	
,, to parents in Borough	6	
,, to relatives in Borough	1	
,, to Institutions in Borough	—	
Adopted	—	
Reached nine years of age	—	
Died	—	
		12
On Register at end of year		20

96 visits were paid to these Children.

Foster parents on Register at beginning of year	20
,, ,, ,, end of year	18

Milk for Expectant and Nursing Mothers and for Infants.

The following amounts were supplied during the year :—

	Sold at cost price.	*Supplied free.*	*Total.*
Dried Milk	11,885 lbs.	6,178 lbs.	18,063 lbs.

Work of the Health Visitors.

Summary.

1. Mothers.

Visits *re* Expectant Mothers	413
,, Mothers (Post Natal)	6

2. Child Welfare.

Visits *re* Births	2,131
Re-Visits *re* Births (under 1 year)	9,820
,, Children 1—5	13,426
Visits *re* Still-Births	117
,, Deaths of Infants under 1 year	113
,, ,, ,, over 1 year	43
,, Medical Help Forms (Midwives)	388
,, Home Helps	40
,, Maternal Deaths	7
,, Artificial Feeding Forms	168
,, Diarrhœa	5

3. TODDLERS.

Visits and Re-Visits *re* Toddlers' Clinic	613

4. INFECTIOUS DISEASES, EXCLUDING TUBERCULOSIS.

Visits *re* Cases of Whooping Cough	1,281
,, Ophthalmia Neonatorum	205
Visits to other Infectious Diseases (Scarlet Fever, Diphtheria, Measles, Pneumonia, etc.)	5,102

5. OTHER PUBLIC HEALTH WORK.

Visits *re* Infant Life Protection	78
,, Outworkers	28
,, Workrooms	15
,, Sanitary Conveniences for Females	—

6. MISCELLANEOUS.

Visits *re* Special Investigations	1,474
,, Enquiries	356
Miscellaneous Visits	1,972
Unsuccessful Visits (Out, Removals, etc.)	4,219
Assisted at Mothers' Welcomes (Mornings and Afternoons)	823
Assisted at Toddlers' Clinics	39
Assisted at Ante-Natal Clinics	11

Nursing in the Home.

(*a*) The Royal Derby and Derbyshire Nursing and Sanitary Association provides District Nurses on application to an agreed charge per visit (and also Midwives and Maternity Nurses). It is an approved training school for Midwives, and pupils are trained there in conjunction with the Nightingale Nursing Home.

(*b*) Arrangements have been made with the Royal Derby and Derbyshire Nursing and Sanitary Association to provide skilled nursing for cases of Pneumonia, Puerperal Pyrexia, and Ophthalmia Neonatorum occurring in the Borough, who require it, and also for cases of Pneumonia after Measles and Whooping Cough, at a fixed charge per visit.

CHILDREN OF PRE-SCHOOL AGE.

In September, 1937, arrangements were completed for the Routine Medical Inspection of toddlers at each of the Municipal Infant Welfare Centres. To commence with, it was decided to deal with the following two groups of children :—

1. All children aged two, three and four years who were already in attendance at the Welfare Centres.

2. All children aged two years who were *not* attending the Welfare Centres. These children were brought into the scheme by the Health Visitor offering Routine Medical Inspection on visiting at the age of two years, and on receiving the parents' acceptance, appointments were made for their attendance at the Welfare Centre held in the particular district.

This offer will be extended to all children aged two, three and four years in 1938.

During the period under review, Routine Medical Inspection was carried out in 578 children of two, three and four years of age who were already in attendance at the Welfare Centres (Group 1). With regard to Group 2, 420 visits were paid by the Health Visitors to children aged two years. In 379 instances, the offer of Routine Medical Inspection was accepted by the parents, and 41 non-acceptances.

The total number of Routine Medical Inspections carried out was 664. In all cases where defects were found requiring treatment or observation, arrangements were made for re-inspection at varying periods. The number of these re-inspections amounted to 198. As in the case of Routine Medical Inspection, all children failing to appear for re-examination are immediately followed up by the Health Visitor. In addition, 13 cases attended for special examination. These were cases found to be normal at Routine Medical Inspection, but who subsequently developed defects for which the parents attended to seek medical advice.

208 children were referred for treatment and 294 placed under observation. In a number of these cases, children with more than one defect are included under both headings. The number of individual children requiring treatment or observation or both was 441 out of the total number inspected, 664.

Below is a summary of the defects discovered at Routine Medical Inspection requiring treatment or observation :—

	Treatment.	*Observation.*
Malnutrition	14	53
Ringworm, Scalp	1	—
Impetigo	5	—
Other Skin Diseases	11	6
Blepharitis	—	2
Styes	1	—
Defective Vision	1	6
Squint	12	19
Defective Hearing	1	—
Otitis Media	1	6
Earache	1	—
Wax	1	—
Enlarged Tonsils	3	37
Adenoids	—	4
Adenoids and Enlarged Tonsils	14	21
Other Nose and Throat Defects ...	3	7
Enlarged Cervical Glands	2	1
Defective Speech	—	9
Defective Teeth	26	2
Heart Disease (Functional)	1	41
Anæmia	—	11
Bronchitis	26	43
Asthma	—	1
Epilepsy	1	1
Convulsions	—	4
Neurosis	1	—
Rickets	62	32
Spinal Curvature	1	2
Other Deformities	6	4

	Treatment.	*Observation.*
Post Infectious Disease Debility ...	8	3
General Debility	15	16
Enuresis	7	5
Mental Condition	—	4
Oxyuris	5	6
Anorexia	5	18
Rheumatism	—	2
Constipation...	5	2
Other Diseases	15	8

With the exception of minor ailments, all the clinics of the School Medical Service are available for the attendance of toddlers.

Below is a statement of the number of defects which were dealt with at the various clinics during the year :—

Ultra-violet Ray Clinic	220
Orthopædic Clinic	116
Aural Clinic	41
Ophthalmic Clinic	7
Skin Clinic	8

In addition to toddlers, the clinics of the School Medical Service (excepting minor ailments) are also available for children under two years of age seen at the Infant Welfare Centres.

During 1937, the following numbers of defects found in this group of children were seen at the various clinics :—

Ultra-violet Ray Clinic	212
Orthopædic Clinic	52
Aural Clinic	4
Ophthalmic Clinic	1
Skin Clinic	4

iii.--SCHOOLS
AND
SCHOOL CHILDREN.

REPORT BY
DR. A. MORRISON, School Medical Officer.

INCLUDING REPORTS BY
MR. ARTHUR STAFFORD, School Dental Surgeon.
MR. H. MOUNTFORD, Organiser of Physical Training.

SUMMARY OF INSPECTIONS.

	For the year 1936.		Total.	For the year 1937.		Total.
Inspections—						
Medical Officers.						
Number of Routine Examinations at Elementary and Secondary Schools	9,479			8,584		
Number of Special Examinations at Schools and Clinics ...	6,704			6,694		
Number of Re-inspections at Schools and Clinics	19,841		36,024	22,428		37,706
Dental Officers.						
Number of Routine and Special Examinations at Schools and Clinics (Elementary and Secondary)			17,876			17,483
Nurses.						
Number of Examinations at Elementary Schools			36,616			36,831
Number of visits paid—To Elementary Schools ...	310	2,377		316	2,819	
To Nursery School & Classes	229			259		
To Homes	1,838			2,244		
Total number of Inspections at Schools and Clinics by Medical Officers, Dental Officers and Nurses ...			90,516			92,020
Defects found during Inspection—	Requiring treatment.	For observation only.		Requiring treatment	For observation only.	
Medical Officers	25,533	6,403		25,349	7,571	
Dental Officers...	12,933	—	44,869	13,074	—	45,994
	Defects.	Attendances.		Defects.	Attendances.	
Consultation Clinics	1,970	1,627		2,582	2,143	

SUMMARY OF TREATMENT.

		For the year 1936.			For the year 1937.	
		Children.	*Attendances.*		*Children.*	*Attendances.*
Minor Ailments Clinics		21,750	68,551		20,113	62,894
Dental Clinic		8,079	9,879		8,091	10,088
Number of Extractions	13,303			12,890		
Number of Fillings	5,466			6,206		
Ophthalmic Clinic		1,381	2,506		1,574	2,598
Number of glasses provided	966			1,090		
Aural Clinic		1,089	4,663		1,276	3,844
Number of Operations performed under an Anæsthetic	291			310		
Ultra-Violet Rays Clinics		1,447	19,584		1,765	22,507
Skin Clinic		291	1,513		276	1,371
Orthopædic Clinic		453	4,952		576	4,525
Total number of attendances for treatment ...			111,648			107,827

GENERAL REVIEW.

Number of Examinations.—The figures for 1937 show that, while the routine medical examinations have decreased, the special examinations have again shown a substantial increase, making the general total greater than ever. These figures may be easily explained. An extra half-time Medical Officer was appointed in March, and with this additional help, not only were all the schools fully inspected, but in fifteen of them it was found possible to make a second visit for purposes of re-inspection. In consequence, the routine inspection occurred earlier in the year than previously, with the result that fewer children fell into the appropriate age groups. The numbers of children attending the treatment centres have remained generally about the same as 1936 with the exception of the Ultra-Violet Ray Clinic, which has shown a large increase from the previous year. This is partly due to increased attendances of babies and pre-school children.

Developments.—Apart from the new extensive arrangements with regard to co-ordination (which are reported elsewhere), there were no noteworthy developments during the year. The new Clinic and Nursery School at Nuns Street, however, are nearing completion and will probably be ready for Easter. In addition, plans have also been passed for new combined Clinics at Boulton and Roe Farm, and others are in contemplation. It is also hoped that the Open-air School, with special provision for Myopic children, will soon be established.

Findings of Medical Inspection :—

(1) Nutrition.—Little can be added to the vast amount which has been written on this subject during the last few years. Experiments and research go on apace in the endeavour to ascertain (*a*) an infallible practical standard by which the school child may be compared, and (*b*) the ideal diet. Of the former, it may be said that, as yet, although some progress has been made, there is no test or set of tests which can be entirely substituted for the careful clinical examination—at rest and at play—of the child. There is, however, no reason why both methods should not be employed. Of the ideal diet, it appears evident that if care be taken to include the proper proportions of Protein, Minerals and Vitamins, a food regime sufficient to meet all the requirements of the growing child will be obtained. It is a common experience of Medical Officers, however, on examining a child whose diet is without doubt deficient in these vital constituents, to find no clear evidence of malnutrition. I think the answer to this is, not that too high a standard of diet has been maintained, but that had the optimum diet been obtainable the child's level of health would have been correspondingly higher. These two levels, if they could be measured accurately, would probably be represented by the lower and upper limits of normality. In all cases therefore where, owing to economic difficulties, the diet is known to be deficient, dinners and extra milk have been provided. There is, however, little administrative difficulty on this account, as the vast majority of children who are brought forward for medical examination for this purpose show some of the signs or symptoms of subnutrition.

(2) Vision.—The progressive increase in the percentage of children with normal vision has again been maintained. It is noteworthy, as this is the fourth successive year in which this improvement has been shown.

(3) Uncleanliness.—The position with regard to uncleanliness cannot be regarded with any satisfaction. It is true that there is a diminution in the

total number of children found to be unclean at the nurses' inspections, that there is an undeniable improvement in the degree of uncleanliness, and that the bad cases are to be repeatedly found in certain families. Nevertheless, the total remains too high, particularly as, with the prevailing fashion of hairdressing, cleanliness ought to be much easier to maintain.

School Premises.—Included in the report is another long list of additions and alterations completed during 1937. Some of these have been undertaken as a result of the general survey of the schools by the Borough Architect in 1934, and generally the idea has been followed of making the older schools, from the hygienic standpoint, as modern as possible.

Child Guidance Clinic.—The need for a Child Guidance Clinic becomes greater with each succeeding year. With information on this subject becoming more accessible through broadcasting and journalism, an increasing number of children are being referred to the School Medical Officer from both court and school for examination and advice. With the present facilities and time, apart from collecting the medical and environmental history, making enquiries as to the existing sociological and educational factors and deducing therefrom what we can, little can be done for these cases. It is urgent therefore that a special clinic with expert staff should be established to deal with these difficult problems.

Future Administration :—

Medical Inspection.—In 1939, the 1936 Education Act begins to operate, and it will be interesting to see how far the exemption clauses will affect the scheme. If it is found that a large number of children will be retained in school until they are fifteen the question will arise of

(1) Changing the age groups for routine medical inspection so that the final examination will take place in the child's fourteenth or fifteenth year.

(2) Altering the number of routine inspections from three to four, and having the final examination in the child's last year at school.

This presupposes that the routine medical examinations will continue to hold their present place in school medicine. Whether the later routine examinations should be replaced by more frequent survey inspections is not a question which on present evidence can be definitely or satisfactorily answered.

STAFF.

During the year the following additional appointments were made in connection with the School Medical Service :—

One half-time Medical Officer.
One half-time Dental Officer.
One half-time Dental Attendant.

SCHOOL ACCOMMODATION.

Accommodation for Medical Inspection.—Arrangements have been the same as in previous years and as reported in previous Annual Reports.

THE DERBY SCHOOLS.

The number of Public Elementary Schools within the Borough is 36. This number includes the Central School and also Temple House Special School.

SCHOOL ATTENDANCE.

The accommodation in Elementary Schools is 23,956. The number of names on the books is 20,123 and the average attendance 17,128.

CO-ORDINATION.

With the new scheme of the amalgamation of the Health and Education Medical Services, greater co-ordination, especially with regard to pre-school children, has now been accomplished and there would now appear to be very few aspects of School Medical work on which greater co-operation could be obtained.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

The following is a complete list of structural alterations carried out in Council Schools during 1937. Several minor improvements, lighting, etc., in Church Schools were also undertaken :—

School.	Department.	Work carried out.
Allenton	Junior Mixed	Two additional classrooms and cloaks completed. New gymnasium completed. New flush to Junior Boys' urinals.
Ashbourne Road ...	Infants	Extension of garden.
Boulton	Junior Mixed	Two additional classrooms and cloaks completed.
Clarence Road ...	Infants	Provision of garden. New urinal stalls.
	Senior Boys	New urinal stalls.
Firs Estate	Junior Girls	Lavatory basins and hot water.
	Junior Boys	New urinal stalls.
Kedleston Road ...	Infants	New flush to Boys' urinals.
Nightingale Road ...	Junior Boys	New flush to urinals.
	Infants Boy	New flush to urinals.
Normanton	Infants	Two additional classrooms and cloaks completed.
Nottingham Road ...	Junior Mixed	Two additional classrooms and cloaks completed.
	Senior	New gymnasium completed.
Nuns Street ...	Infants	New conveniences for boys.
Pear Tree	Senior Boys	New urinals.
	Junior Boys	New urinals.
Reginald Street ...	Senior Boys	New urinals.
Sinfin...	Junior Mixed	Two additional classrooms completed.
St. James' Road ...	Infants	New W.C. basins for girls.
Traffic Street ...	Junior Mixed	Slight alterations.
Wilmorton	Infants	New W.C. lavatory basins and hot water.

Medical Inspection.

A detailed statement of the routine of medical inspection was given in the report for 1932.

All the Public Elementary Schools were inspected and re-inspected during the year.

Number of children inspected.—The total number of children inspected was 6,874. Of these, 3,498 were boys and 3,376 were girls.

The total—6,874—does not include all the children examined in the schools, as a considerable number were brought forward by the Head Teachers for some special examination. The total number of these cases amounted to 315.

FINDINGS OF MEDICAL INSPECTION.

Clothing and Footgear.

The percentage of children found to be inadequately clothed during the year was 2·1, this being an decrease of 0·1% on last year's figure.

The percentage of children whose footgear was recorded as unsatisfactory was 1·3, a decrease of 0·4% on the figure for 1936.

Malnutrition.

Under Table IIB. in the Appendix will be found a detailed statement of the findings with regard to Nutrition. The number of children in 1937 who were suffering from serious malnutrition was 4 compared with 4 in 1936, and the number noted with slight malnutrition was 792, compared with 880 in 1936 and 700 in 1935. The diagnosis of malnutrition was made on the usual criteria—height, weight, general tone, etc. Although clinical standards tend to vary according to the ideas of individual medical officers, the comparative approximation of the figures for the last three years, especially as industrial conditions have not greatly altered, would seem to indicate that a general, if somewhat indefinite, standard of what constitutes malnutrition has now been reached.

Uncleanliness.

8.3% of the children examined at the annual inspections were found to have slight degrees of uncleanliness.

Further particulars under this heading are given in that part of the report dealing with the work of the School Nurses.

Minor Ailments and Diseases of the Skin.

The following skin diseases were recorded at the medical inspections :—

Impetigo	15	Scabies	8
Dermatitis	14	Acne	8
Seborrhoea	12	Urticaria	7
Warts	9	Other Diseases ...	21

These figures do not call for any special comment.

Visual Defects and External Eye Disease.

There was a continued reduction in the number of children with defective vision. As in 1936, the reduction was not only general, but with the exception of the twelve year old girls was maintained in all the other groups.

The figures for the last four years are :—

Year.	Total examined.	Number defective.	Percentage.
1934	5496	1896	34.5
1935	4869	1322	27.2
1936	5242	1279	24.4
1937	4680	858	18·3

In the eight and twelve year old groups, the percentages of children who were unable to read 6/6, 6/6, were :—

Year.	8 *year boys.*	8 *year girls.*	12 *year boys.*	12 *year girls.*
1934	35.6	38.7	30.8	35.9
1935	25.8	33.7	26.9	25.9
1936	23.7	28.5	21.9	26.3
1937	13·8	14·5	21·0	23·2

In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes), were :—

Year.	8 *year boys.*	8 *year girls.*	12 *year boys.*	12 *year girls.*
1934	14.2	14.7	15.0	18.5
1935	10.5	12.5	17.2	15.4
1936	9.2	9.6	12.5	13.1
1937	5·5	5·3	11·3	16·4

All children with defects over 6/9, 6/9, or reading 6/9, 6/9, but exhibiting any signs of eyestrain, were referred for refraction. 339 children fell into this category in 1937 as compared with 404 in 1936, and 462 in 1935.

As in 1935, particular attention has again been paid to myopic children with a view to determining whether any special education for the worst of them was necessary or desirable. In this respect, the categories recommended by the Committee relating to partially-sighted children were used as criteria, and it was ascertained that 28 children should be placed in one or other of these groups. Provision for meeting this need is therefore to be made.

Squint.—As in previous years, all children discovered to have a squint, even in the smallest degree, were recorded and listed for full examination. Out of 1,438 entrants inspected, 59, or 4.1%, showed some evidence of this defect. This is the lowest percentage yet recorded, the figures for 1934, 1935 and 1936 being 4.6%, 5.1% and 6.3% respectively.

External Eye Disease.—The following defects were found in the course of medical inspection :—

Blepharitis	32	Styes	6
Conjunctivitis	18	Other Defects	9

Nose and Throat Defects.

The number of children referred for treatment for enlarged tonsils and adenoids was 2.2% of the number examined, as compared with 2.3% in 1936 and 2·09% in 1935. Until this year, the percentage of children referred for this defect has steadily declined, but it appears probable, unless the actual cause of the condition is discovered, that we have now reached a figure on which we are not likely to improve. Many cases with slight degrees of enlargement were not referred for treatment but placed under observation; the percentage of such cases was 9.9. Once again it was found that the majority of the cases were found in the infant group.

Ear Disease and Defective Hearing.

Otorrhœa in one or both ears was noted in 50 children in the course of routine medical inspection. Almost all these children were under treatment at the time of examination, as the policy of multiple branch clinics obtaining in Derby has the advantage that any occurrence of a condition of this nature may receive immediate attention.

Defective hearing was noted in 25 children. In most of them, the condition was slight and in none of them were the children seriously handicapped in their education on account of this difficulty.

The Head Teachers co-operate in the ascertainment of defective hearing by sending to the clinics all cases which they suspect, without waiting until the routine medical inspection.

Dental Defects.

3239 children were found at the routine medical inspection to have carious teeth. Only the urgent cases were referred direct to the School Dental Clinic, as in the majority of these cases the children are included in the routine age groups inspected by the School Dental Surgeons during the year.

Orthopœdic and Postural Defects.

Little can be added to the comments made in previous reports on the incidence of these defects. There was a reduction in the number showing signs of Rickets—*e.g.*, from 729 in 1936 to 585 in 1937. This figure, however, is still far too large, and it is evident that both pre-natal care and continuous attention to the diet of the young child are essential if this disease is to be avoided. The postural defects are also too large, although in many cases they are slight and soon remedied.

The following deformities were noted at the routine medical inspections :

Rickets	585	Torticollis	11
Spinal Curvature	526	Infantile Paralysis ...	8
Slight Chest Abnormalities	40	Cleft Palate and Hare Lip	7
Flat Foot	21	Other Defects	20
Congenital Deformities, Talipes, etc.	14		

Heart Disease and Rheumatism.

The number of children suffering from heart defects (functional and organic) continues to be great, as high as 6.0% being ascertained in 1937. Many of these defects are of a purely temporary character and are found to have disappeared on subsequent examination. In many of them, a history of rheumatism is obtainable, but in many others no cause can be assigned.

The number of children found at medical inspection to be suffering from Rheumatism declined from 150 in 1936 to 80 in 1937. This figure, however, is not indicative of the real prevalence of Rheumatism, as many cases are treated privately, or in institutions, or between routine inspections at the consultation clinics.

Tuberculosis.

Five cases were referred from routine medical inspection to the Tuberculosis Medical Officer for advice during the year. One of these was a case who had been previously referred to the Tuberculosis Medical Officer.

In addition to these children, seventy-two special cases were referred to the Tuberculosis Medical Officer for his opinion. Of that number, four were old notified cases of tuberculosis and eight others were children who had been previously referred for opinion. Three of these " special " cases were notified as suffering from tuberculosis of the cervical glands.

VACCINATION.

875 (12·7%) of the 6,874 children medically inspected were recorded as having been vaccinated.

FOLLOWING UP.

The arrangements for the following up of children suffering from the various defects continued as outlined in the report for 1932.

ARRANGEMENTS FOR TREATMENT.

Consultation Clinic, Mill Hill Lane.—This clinic is reserved for children requiring special examination, cases referred from the Children's Welfare Officers, and for intermediate and concluding examinations of children having courses of Ultra-violet Ray treatment. 2,143 attendances were made at this clinic during the year. The following were the types of cases which attended the consultation clinic :—

Bronchitis...	538	Enlarged Glands	25
Malnutrition	375	Ear Diseases	21
Debility	276	Chorea	15
Heart Defects	263	Skin Diseases	15
Tonsils and Adenoids	135	Other Lung Diseases	15
Deformities	119	Epilepsy	15
Rheumatism	116	Constipation	14
Anæmia	107	Non-Pulmonary Tuberculosis	11
Neurosis	86	Speech Defects	9
Vision	63	Eye Diseases	9
Anorexia	48	Enlarged Thyroid	9
Other Nose and Throat Defects	46	Definite Pulmonary Tuberculosis	9
Enuresis	40	Suspected Pulmonary Tuberculosis	4
Worms	34		
Asthma	28	Other Diseases	137

Minor Ailments Clinics.—These clinics continue to function on the lines indicated in previous reports.

Minor Ailments Clinic.	*Number of cases.*		*Number of attendances.*		*Number of clinics held.*	*Average per clinic.*
	1936.	1937.	1936.	1937.	1937.	1937.
Mill Hill Lane ...	5,854	4,362	22,537	17,756	256	69
St. Helen's Street ...	1,668	1,652	7,166	7,064	83	85
Brighton Rd. School ...	1,473	1,632	4,268	4,397	82	54
Pear Tree School ...	1,908	2,171	5,169	6,545	83	79
*Traffic St. School ...	1,561	602	4,636	1,823	35	55
Firs Estate School ...	1,881	2,209	5,338	6,493	83	78
Nightingale Rd. School	2,832	2,653	7,943	7,274	84	87
Nottingham Rd. School	4,573	4,832	11,494	11,542	83	139

* Closed May, 1937.

As previously stated, although a great amount of the time of the Medical Officers is devoted to these clinics, it is time which is well spent and much unnecessary suffering is thus obviated. At these clinics, situated as they are in every district of the town, there is every opportunity for a parent or teacher to obtain medical advice on any child who appears below par. That the time of the Medical Officers is not wasted on cases which the School Nurse is quite competent to treat herself, may be shown by the fact that, although 15,221 special inspections and re-inspections were made in these clinics by the Medical Officers, the total number of attendances made was 62,894.

Dental Clinic, Mill Hill Lane.—The Dental Clinic is held every day of the week (morning and afternoon).

Total number of cases attended	8,091
Total number of attendances	10,088
Total number of clinics held	1,194

Mr. Arthur Stafford, School Dental Surgeon, reports as follows :—

" The work of the Dental Department for the year showed an increase on that of any previous year, partly due to the appointment of an additional Assistant Dental Officer, who commenced duties on November 1st. As the equivalent of a half of one Officer's services is allocated to work in connection with the Authority's Health Department, the actual personnel for school work is now three and a half whole-time Officers. Along with the new Officer, an additional Dental Attendant was also appointed.

The Routine Scheme, which provides for the annual inspection and treatment of all the Elementary School children in the Borough, includes all age groups and all schools, and while this staff of three and a half Officers cannot be said to be sufficient to carry out complete treatment for every child within this scheme who requires it, it is reasonably adequate to deal with those children whose parents accept the offer of treatment—a position we have hitherto not reached. With regard to those children whose parents refuse treatment at the time of their school inspection, the majority of whom, sooner or later, seek treatment at the Clinic for the relief of pain, room is found for the treatment of these. Two significant points concerning this, however, are worthy of note. The treatment of such Casuals will not now—and certainly should not—interfere with the work to be done on " Consents " in the Routine Scheme.

Moreover, on every occasion of the treatment of a " Refusal," the parent is specially interviewed and persuaded to accept the right form of treatment in a regular manner on subsequent occasions, and it is gratifying to find, on studying the records, that these efforts have resulted in the desired effect in most cases.

With this increase in staff, the growth of work is already showing itself (and will do so much more in a full year) more especially in conservative treatment, there being a substantial rise in the number of fillings for the year.

The number of permanent teeth extracted remains higher than is to be desired, even after deducting those extracted for orthodontic purposes, but it should be realised that the greater part of these are carried out in " Refusals " (being teeth that might otherwise have been saved by filling treatment), and while from a dental point of view this may seem far from the right policy, there comes a time when the general health of the child is gravely affected by oral sepsis or constant toothache, and the removal of these teeth becomes a necessity on these grounds. The methods, previously mentioned, of dealing with parents are undertaken mainly to combat this evil, and are a fair compromise in tackling that well known problem in school dentistry—the treatment of " Refusals."

Inspections :—All the Elementary Schools were visited once during the year. At these inspections, children of all ages were inspected, totalling 17,034, of which 9.7% were found to be sound, 16.2% had slight defects not requiring treatment, and 74.1% required treatment. Of this last group, numbering 12,731, it was found possible to refer 10,932, and of these 63.4% were consents, 26.1% were refusals, while from 10·5% there were no replies (see Table, page 53).

Treatment.—10,088 attendances at the Clinic were made by 8,091 children.

(*a*) *Fillings.*—6,190 fillings were inserted in Permanent Teeth and 16 in Temporary Teeth.

(*b*) *Extractions.*—10,185 Temporary Teeth and 2,705 Permanent Teeth were extracted. 114 of the latter were sound teeth removed for orthodontic purposes.

6,135 general anæsthetics were administered during the year for these extractions, Nitrous Oxide or a combination of Nitrous Oxide and Oxygen being the anæsthetics used.

(*c*) *Other Operations.*—There was the usual small number of cases for the treatment of gum conditions and for the scaling and polishing of teeth, etc., but none of outstanding merit.

Propaganda Work.—32 lectures were given to 5,310 children of the senior departments of schools. 5,760 pamphlets on the care of teeth, published by the Dental Board of the United Kingdom were issued during the year for distribution to senior children."

TABLE A.

ROUTINE DENTAL INSPECTION PERCENTAGES.

School.	Sound.	Defective but not requiring Treatment.	Requiring Treatment.	Consents.	Refusals.	No Reply.
Allenton	13·6	8·0	78·4	65·9	25·2	8·9
All Saints'	12·2	18·0	69·8	66·7	16·6	16·7
Ashbourne Road	5·9	19·5	74·6	64·0	27·3	8·7
Boulton	6·9	21·6	71·5	71·4	20·9	7·7
Brighton Road	11·3	10·8	77·9	57·0	22·5	20·5
Christ Church	7·7	15·0	77·3	60·7	33·1	6·2
Clarence Road	14·0	22·5	63·5	74·6	19·0	6·4
Firs Estate	13·5	18·4	68·1	62·2	28·5	9·3
Gerard Street	7·8	16·3	75·9	62·7	24·6	12·7
Kedleston Road	21·2	10·8	68·0	61·3	30·7	8·0
Nightingale Road	7·3	20·3	72·4	60·4	24·5	15·1
Normanton	7·3	24·5	68·2	69·2	26·2	4·6
Nottingham Road	7·7	18·9	73·4	61·9	22·2	15·9
Nuns Street	6·8	23·5	69·7	47·1	41·3	11·6
Orchard Street	10·0	10·5	79·5	48·8	26·8	24·4
Pear Tree	11·3	16·3	72·4	60·4	31·0	8·6
Practising	7·8	19·8	72·4	77·6	14·1	8·3
Reginald Street	18·0	11·0	71·0	61·5	30·5	8·0
Saint Andrew's	6·9	17·3	75·8	58·8	32·4	8·8
Saint Anne's	6·0	12·6	81·4	60·6	24·5	14·9
Saint Chad's	17·2	19·2	63·6	80·5	16·3	3·2
Saint Dunstan's	7·2	23·2	69·6	55·9	31·0	13·1
Saint James' Church	7·4	8·9	83·7	72·3	22·7	5·0
Saint James' Road	5·4	15·6	79·0	64·6	26·2	9·2
Saint John's	11·1	8·1	80·8	62·8	31·9	5·3
Saint Joseph's	12·7	15·9	71·4	54·9	29·5	15·6
Saint Luke's	7·9	18·0	74·1	59·8	29·9	10·3
Saint Mary's	8·0	14·0	78·0	65·2	23·8	11·0
Saint Paul's	9·0	15·4	75·6	64·3	23·8	11·9
Saint Peter's	7·3	26·8	65·9	76·8	17·8	5·4
Saint Thomas'	5·4	3·1	91·5	72·0	27·0	1·0
Sinfin	9·2	7·7	83·1	59·7	25·6	14·7
Traffic Street	5·1	21·3	73·6	54·5	33·3	12·2
Wilmorton	10·8	18·5	70·7	62·1	32·1	5·8
Aged 5 years	13·4	39·5	47·1			
„ 6 „	6·0	32·1	61·9			
„ 7 „	5·1	22·0	72·9			
„ 8 „	3·9	16·1	80·0			
„ 9 „	5·5	15·6	78·9			
„ 10 „	8·3	9·9	81·8			
„ 11 „	12·6	6·5	80·9			
„ 12 „	16·5	2·5	81·0			
„ 13 „	17·0	1·0	82·0			
„ 14 „	17·4	·4	82·2			
Percentage	9·7	16·2	74·1	63·4	26·1	10·5

Ophthalmic Clinic, Mill Hill Lane.—As previously stated, the Ophthalmic Clinic, held several times weekly, is generally reserved for refractions and vision testing. The Consulting Oculist, however, holds a weekly session in which he sees the more difficult visual defects and cases in which orthoptic treatment is advised. This session is also employed for consultation purposes for those more severe eye affections such as Keratitis, etc., which have been seen previously at the minor ailments clinics.

Total number of cases attended	1,574
Total number of attendances	2,598
Spectacles provided at contract rates	1,090

These cases exhibited the usual variations in defective vision as in previous years, and call for no special comment. Included in these figures are eight cases which were referred from Child Welfare Centres.

Orthoptic Clinic.—This clinic, for which the Local Education Authority makes an annual contribution of £250 to the Derbyshire Royal Infirmary for the treatment of Borough school children, was started in October, 1936. The clinic is carried on by two Orthoptists under the general supervision of Mr. C. H. Bamford, who is the Consulting Oculist to the Local Education Authority. I am indebted to Miss W. D. Lord, the Orthoptist in charge of the Department, for the following figures which relate to the work done from its inception until the end of 1937 :—

Referred to Orthoptic Clinic		158
On Waiting List	45	
Under Observation (too young at present) ...	11	
Discontinued treatment	23	
On preliminary treatment (Occlusion)	32	
On actual treatment	20	
Discharged—cured	27	
	——	158
Number of operations		18

The patients on actual treatment attend the clinic for periods of twenty minutes twice weekly. Those on the waiting list, observation and preliminary treatment are seen at regular intervals, at least once monthly, and more frequently as the nature of the case demands.

Patients requiring operation are warded for an average period of three weeks.

The average number of treatments required in cured cases has been :—

Accommodative type	20
Phorias	19
Operative	59
(Before operation, 29, and after, 30).	

Following up :—The cured cases have all been periodically reviewed at two successive periods of one month, and again after three months. They will also be examined subsequently at a later date.

The twenty-three cases for whom treatment was discontinued may be thus classified :—

On preliminary treatment	11

Of these, 4 were stopped on account of lack of co-operation on the part of parent or child. The occlusion patch was found to be repeatedly removed so that a good result was impossible. These cases were visited by the School Nurses or School Medical Officer, and only given up after repeated efforts had been made to continue the treatment.

7 had to be stopped because, in spite of persistent occlusion, the amblyopia did not improve and further treatment was consequently useless.

On actual treatment	12

Of these, 3 were stopped on account of lack of co-operation, *e.g.*, irregular attendance, etc. These were also visited by the school staff and were only finally discharged when repeated efforts had failed to secure regular attendance.

3 were discharged owing to the inability of the children to concentrate on the treatment. The attendance of these children was regular, and enquiries at school showed that they were normal in school work. They appeared, however, to lack the power of co-operation with the trainer. Probably there will always be a small percentage of such cases.

3 were found unsuitable for Orthoptic training after subsequent investigation. The reason in these cases was chiefly that they were too old, and that their powers of fusion were unattainable.

3 were discharged improved but not cured. In these cases an operation was necessary to secure complete cure, but consent for this was withheld by the parents.

It has been found from experience that the best age to start actual treatment is from seven to nine years. Before that, the essential co-operative effort on the part of the child is lacking, while after the tenth year the difficulties of first overcoming the amblyopia and then attaining powers of fusion are correspondingly greater. It has also been confirmed that cases which require operation have a much better chance of cure if orthoptic training has been commenced prior to the operation.

A review of the first year's work of the clinic is highly encouraging ; the number of cases discharged without improvement has been small if it is remembered that cases of all ages and types have been accepted. Like so many other physical defects, the earlier they are seen, the greater is the hope of cure.

Aural Clinic, Mill Hill Lane.—This Clinic is held once weekly, when the School Aurist attends for examinations and general treatment. The number of children who received operative treatment for enlarged tonsils and adenoids in 1937 was 306, compared with 288 in 1936, 376 in 1935 and 412 in 1934. The general procedure remains as formerly described and operative treatment advised only when conservative measures have failed.

The treatment of otorrhœa continues on both local and general lines. All cases are kept under treatment until clear, and, by the system of multiple clinics which obtains in the town, any recurrence is brought under treatment immediately.

Total number of cases attended	1,276
Total number of attendances	3,844
Number of Clinics held by Specialist	31
Average number per clinic seen by Specialist ...	56

Included in these figures are 45 cases referred from Child Welfare Centres.

Ultra-Violet Therapy.—Full details of this treatment have been given in previous reports, and it is evident from the results obtained and the general satisfaction of the parents that Ultra-Violet Therapy is now firmly established as an efficacious mode of medical treatment.

Ultra-Violet Ray Clinic, Mill Hill Lane.—The following were the types of cases treated during the year :—

Erythema Pernio	33	Dermatitis	6
Septic Sores	21	Alopecia Areata	4
Chronic Ulcers	19	Other Diseases	13
General Debility following infectious diseases, etc.	227	Rheumatism	35
		Enlarged Glands	27
Bronchitis	290	Asthma	16
Malnutrition	204	Anorexia	20
Anæmia	106	Neurosis	23
Rickets	42	Other Diseases	8

Total number of children attended	1,094
Total number of attendances	15,843
Total number of clinics held	411
Average number per clinic	39
Total number of exposures	15,893

In addition, 572 cases referred from the Child Welfare Clinics made 5,166 attendances, receiving 5,185 exposures.

Ultra-Violet Ray Clinic, Wright Street Nursery School.—A carbon arc lamp is installed in one of the rooms in the Nursery School, and children requiring this form of therapy can be treated conveniently and without the disadvantage of travelling to another centre.

Total number of children attended	99
Total number of attendances	1,498
Total number of clinics held	60
Average number per clinic	25
Total number of exposures	1,498

Skin Clinic, Mill Hill Lane.—This clinic is held one afternoon per week. The following were the types of cases treated during the year :—

Dermatitis	65	Psoriasis	11
Ringworm Scalp	46	Impetigo Contagiosa	11
Alopecia Areata	27	Erythema	8
Warts	20	Scabies	5
Seborrhœa Capitis	12	Nævus	4
Acne	13	Ringworm, Body	2
Seborrhœic Dermatitis	12	Cheiropompholyx	2
Seborrhœa Corporis	18	Xeroderma	2
Other Defects	18		

Total number of cases attended	276
Total number of attendances	1,371
Total number of clinics held by Specialist	41
Average number per clinic seen by Specialist	23

Orthopædic Clinic, Mill Hill Lane.—The Orthopædic scheme continues as outlined in a previous report. The Specialist attends weekly for consultation and cases are referred for treatment under three categories :—

(*a*) Long term hospital cases—County Orthopædic Hospital, Bretby.
(*b*) Short term hospital cases—Borough City Hospital, Derby.
(*c*) Minor cases—Orthopædic Clinic.

*Total number of cases attended	576
Total number of attendances	4,525
Total number of clinics held by Specialist	36
Average number per clinic seen by Specialist ...	22

* Includes 183 cases referred from the Child Welfare Clinics.

Types of cases examined :—

Spinal Curvature (excluding Tuberculosis)	165
Foot Deformities (Pes Cavus, Pes Planus, Hammer Toe, etc.)	66
Rickets	29
Infantile Paralysis	20
Torticollis	16
Talipes	11
Congenital Paralyses (Spastics, Spina Bifida, etc.)	9
Crippling due injury and diseases	9
Dislocation Hip	3
Other Defects	37

During 1937, the following 13 cases of severe crippling came to the notice of the School Medical Officer for the first time. These cases were either recorded at the routine examinations or else attended the clinic. All but one (the child suffering from Perthe's Disease) had received previous treatment.

Anterior Poliomyelitis	6
Birth Paralysis	2
Severe Rickets	1
Perthe's Disease	1
Talipes	1
Congenital Dislocation	1
Traumatic Deformity	1

During 1937, 6 new cases of Infantile Paralysis were notified to the Medical Officer of Health, of which one died. The others are having appropriate treatment and will be kept under observation.

Summary of treatment :—

(*a*) At Bretby		2
School children :—Anterior Poliomyelitis ...	1	
Severe Scoliosis	1	

(*b*) At the City Hospital		18	
School children :—	Torticollis	3	
	Hallux Rigidus	2	
	Hallux Valgus	1	
	Cerebral Diplegia	1	
	Hammer Toe	1	
	Sprengle's deformity of scapulae	1	
	Exostosis Scapulae	1	
	Hydrocephalus	1	
	Spastic Paraplegia	1	
	Anterior Poliomyelitis	1	
	Osteomyelitis	1	
Pre-school children :—			
	Rickets	2	
	Dislocation Hip	1	
	Spastic Diplegia	1	
Number of X-ray examinations			28

(*c*) At the Orthopaedic Clinic :—		
Massage and Exercises	1,371	
Electricity	502	
Radiant Heat	23	
Remedial Gymnastics	2,723	
		4,619
Attendances at Splint Maker		154

INFECTIOUS DISEASES.

The system of notification by the Head Teachers and Children's Welfare Officers and methods of procedure were continued as in previous years. The total number of notifications received from the school authorities was 1,651. The numbers of children who contracted infectious diseases compared with those from 1933 are shown herewith :—

	1933	1934	1935	1936	1937
Diphtheria	116	130	168	168	127
Measles	12	2,153	323	1,874	1,258
Whooping Cough	136	267	151	204	201
Scarlet Fever	119	251	274	474	467
Varicella	1,033	707	395	374	684
Mumps	57	18	293	113	75

These figures show at a glance the variations in the incidence of the chief infectious diseases during the past five years. It is interesting to note the decline, from the past three years, of notifications of Diphtheria, and that the incidence of Scarlet Fever remains high.

The close co-operation between the Health and School Medical Departments has continued as outlined in previous reports.

School Closure.—It was not found necessary to close any of the schools during the year.

Diphtheria Swabbing.—During 1937, 456 throat and nasal swabs were taken from school children, and of these, 94 were found to contain diphtheria bacilli, a percentage of 20.61.

Diphtheria Prophylaxis.—Dr. W. E. Haigh, Assistant Medical Officer of Health, has continued his lectures on this subject to parents at various schools in the town during the year, and has also carried on the immunisation clinics at Derwent Street and in the schools. Particulars of this work, given in another section of the general report, show that considerable progress has been made in the number of school children immunised. The actual figures up to the end of 1937 are 3,000, which is 16% of the total. As a result of continued propaganda, it is hoped that each year will see a substantial increase in the number of children protected against this serious disease.

OPEN-AIR EDUCATION.

The Open-air Class at Sinfin School has continued during the year. Eleven children were discharged in 1937, and eleven children admitted. The length of time spent by those who were discharged varied from fifteen to twenty-three months, and the reasons for those leaving at the end of fifteen months were partly on account of better health, but chiefly because of age, as under the present arrangements only children between seven and eleven years can be admitted. All the children who were discharged had improved greatly in health and physique, and their average gain in weight for the last twelve months was 4 lbs. 14 ozs. In point of fact, however, in these cases the weight increase, although entirely satisfactory, is only one aspect of the great general improvement which takes place in these cases. All the other recognised criteria of better physique, mental alertness, cheerfulness, greater activity, resistance to infection and improved physical tone are all manifested. This improvement is all the more striking as in many of the cases there is overcrowding at home, and the social and economic conditions are far from satisfactory.

PHYSICAL TRAINING.

Mr. Mountford, Organiser of Physical Training, reports as follows :—

" **General.**—A comprehensive demonstration of Physical Education was held during Education Week in October. A crowded hall and spontaneous applause, followed by expressions of pleasure, satisfaction and surprise, mark the demonstration as a definite public success.

To the organiser, however, such demonstrations present many varied aspects and in some ways demonstrations of this type can be looked upon as a sort of stock-taking. Certainly, a fair amount of stock-taking has to be done when preparing for the demonstration, whilst the demonstration itself shows the result of many years' work and how far such work has progressed. Particularly can the organiser see how far the work has advanced towards the ideals which are always before him. It is from this point of view that a detailed report of the demonstration is given.

During Education Week, photographs illustrating physical training lessons, posture, games, swimming, camping and athletics, were on view in the Drill Hall. Perhaps the most effective of these were the photographs and diagrams (the work of Art School Students) of good and bad posture. The illustrations should have been both interesting and instructive to parents—but perhaps this is a case of " the wish being father of the thought." Though there is no desire for a return to the bad old days when a straight back was a fetish in so many homes, there is to-day a real need for better appreciation of good posture and for some simple and effective training of good carriage on the part of parents. Good carriage has a close bearing on fitness, and publicity by the Keep Fit Campaign might be directed to this point with good results.

Posture Training.—Posture training in schools is an extremely difficult problem. To be of real value, good posture must become habitual and this cannot be accomplished in the physical training lessons. In this particular direction the physical training teacher needs to have his work backed up by the practical interest of the Head Teacher and the remainder of the staff and particularly by the parent. With reorganisation and specialisation there is a real danger that the subject is becoming more important than the boy. The personal interest in boys displayed by the class teacher who had a class for a year is not so evident to-day. This is not an argument against reorganisation or specialisation, but merely pointing out a danger which has come with them. The specialist teacher, no matter what his subject, must be reminded that the training of the boy is his first concern. If this first essential is kept clearly in mind then posture training will not be something to leave entirely to the physical training teacher, but every teacher will display more personal interest in the boys and bad posture will be checked daily, and possibly some positive training might be done for a few minutes at the conclusion of each lesson, particularly when boys have been stooping over desks or benches.

The Demonstration programme was the outcome of the following considerations :—

1. Being part of the Education Week activities the demonstration must give an idea of physical education as provided by the Education Committee, and so cover the various age groups from Infants to Evening School students.

2. The time of the year, October, would limit the demonstration to an indoor programme of 2½ hours in the evening.

3. The spectators were paying for admission and the programme had to be of a pleasing character.

4. With a programme covering the age groups from Infants to Adults it would be necessary to show the progressive training.

5. The demonstration was fundamentally one to parents, and following the experience gained from previous demonstrations it was felt that some effort should be made to make the display instructive. After previous demonstrations and particularly mass displays one has heard " Aren't they well trained "—" Don't they have a good time in school nowadays." It would seem that the real purpose of the work, and the task of the teacher in training boys, are rarely understood. To this end it was decided to have loudspeakers and give a running commentary to point out the progressive training and the real purpose of the various activities.

6. Above all the demonstrations as a whole must be in keeping with the true spirit of physical education and the spirit should be made apparent to the spectators.

Keeping these main considerations in mind it was decided to stage the following programme :—

1. Infant Lesson—Boys and Girls.
2. Junior Lesson—Girls.
3. Boys Lesson.
4. Girls dancing.
   Interval.
5. Secondary Girls.
6. Boys Games.
7. Keep Fit—Women Evening School Students.

Infant Lesson.—It was obvious from the start that the spirit of physical training would not be lacking in the free play and informal lesson which had been chosen. The lesson started with free play with balls, ropes, etc., and ended with a simple dance. The lack of judgment and skill in handling balls in the free play and the generally heavy and uncontrolled movements when dancing were commented upon through the speaker. The whole lesson went with a swing and the exercises such as " angry cats " and " crouch jump " were much appreciated and caused a considerable amount of laughter. From the outset the Infant teacher, grasping the idea of the demonstration, succeeded in getting over the right spirit in a quiet unassuming way and with considerable skill.

Junior Lesson.—From this point onwards there was considerable difficulty in getting the spirit required and the teachers preparing the work were inclined to concentrate too much on the performance of exercises and skill in games, rather than on the spirit of physical training. Much time had to be spent in this direction. The lesson eventually went with a swing and was little if any behind the Infant Lesson. The work of the lesson was built up from the Infant Lesson, and the connections were commented upon during the lesson.

Senior Lesson.—The Infant and Junior Lessons were demonstrated by eight classes, and for variety the Senior Lesson was taken on mass lines, about 90 boys taking part. These were chosen from two schools, and, unfortunately, this fact led to some difficulties in preparation. The lesson included several rhythmic exercises and the timing and feeling of these exercises differed considerably between schools, in spite of the fact that the teacher concerned had seen the exercises demonstrated by the organiser. This required a fair amount of time and concentration to put right and several joint practices had to be arranged. Here again the Senior Lesson was a natural outcome of the Junior Lesson and comments on the points of progression were made to the spectators.

Secondary Lesson.—This was a fine display of modern physical training which included a fair amount of rhythmic work. The performance reached a very high standard, and to the more informed onlookers the display was much appreciated. The lesson stood out in sharp contrast to the work done by the elementary school scholars and the longer training under specialist teachers was very evident. Although a polished performance, it seemed to lack to some extent the sense of brightness and enjoyment which was given by the freer brisk movements of the elementary scholars.

Games.—Games were chosen to show progressive training in the handling of small and large balls and how these served the purpose of training for our national games, football and cricket. Many groups of boys, from beginners to skilled players, were used to demonstrate the various games in order to bring out the various ways of training, skill, and speed in playing with balls. This was certainly one of the most enjoyable items on the programme and proved to be instructive as well as amusing.

Dancing.—Here groups of girls, beginners, intermediate and well trained were chosen to demonstrate the progressive training in dancing. One Country Dance and one Swedish were repeated three times, first by beginners, secondly by intermediates and lastly by well trained teams. A fundamental fault of the beginners was checked and the correct way demonstrated by the teacher. The effect of this was apparent in the dancing of the intermediates. Again one prominent factor was dealt with and the effects pointed out in the senior groups. The onlookers certainly appreciated this way of presenting the dances, and the Swedish Schottische danced by teams of well trained girls received whole-hearted applause.

General.—Physical Training demonstrations are usually given by skilled and well trained performers with a view to giving a polished performance. The idea of using novices was approached with a feeling of diffidence, but the success of the demonstration was largely due to this factor. This was certainly the most worth while demonstration that has so far been attempted.

Clothing.—As was forecast in last year's report, a start has now been made with the provision of knickers and vests in addition to the shoes which have been issued for a dual purpose—changing in wet weather and physical training. The past year has seen an issue of 2,000 pairs of plimsolls to all schools and 1,000 pairs of knickers and vests, limited to senior schools. This supply caters only for necessitous children. The majority of senior children have still to provide their own gym kit. The vexed question of a whole school supply as against a partial supply for necessitous children will sooner or later have to be decided by the Education Committee. Physical training in school is a vital health factor in the immediate life of school children but the ultimate aim is to give boys and girls a sense of pride in a well trained body and a desire to keep fit. Whether a school supply or a supply by parents will best serve this purpose is a matter of opinion. A partial supply will always be needed for necessitous children, and borderline cases are a constant problem. A whole school supply would overcome these difficulties and the gym kit would always be available ; under the other system, where children provided their own kit, it would always be difficult to ensure that all boys and girls in a class had their kit with them on the day of the lesson. On the other hand, it is felt by many that too much is done for the children and that they should be encouraged to provide their own gym kit at the commencement of their training. If the physical activities are to be worth while the provision of gym kit should be a personal matter.

The supply of clothing for physical training must largely depend on the supply of suitable storage and drying arrangements. Both storage and drying accommodation are being specially catered for in the new schools at present being built, and several types of storage for gym clothing are being tried in the older schools. In the present schools the question of the drying and storage of towels is a problem which will have to be tackled separately. It would seem that the simplest and most convenient way of dealing with this problem would be to have some scheme of co-operation with the Baths Department.

Physical Training Rooms and Gymnasia.—Last year it was reported that the first elementary school gymnasium was proposed in the extensions to be carried out at Brighton Road Senior School. This has now been revised and there will eventually be two gymnasia, one for boys and one for girls.

Playing Fields.—Although the Education Committee have under consideration the provision of school playing fields, the majority of the elementary schools are still dependent on the public recreation grounds. These grounds are in better condition now than they have been for many years, but in spite of this they fall very short of the present requirements of playing fields. Many years experience of organised games on playing fields have enabled us to state fairly fully the requirements of a modern playing field. In addition, it is certain that we must to-day adopt a much wider outlook. The idea of community centres is fast gaining ground. If such centres are in demand for indoor activities it is certain that the idea of communal open air spaces for outdoor activities will not be far behind. Such centres will demand much more than a grass-covered space, no matter how large the space is, or how good the turf. A house needs furnishing to suit the needs of its occupants and the modern playing field needs furnishings suitable to the users. This means ample dressing accommodation, the right type of pitches for the many activities to be played, shelters for wet weather, apparatus of various kinds, and, above all, play leaders who have sympathy with the users and an understanding of the aims and purpose of organised games, rather than caretakers of grounds.

Swimming.—1,453 children ; 820 boys and 633 girls were taught to swim during the year. In addition, 808 children gained the 2nd Learners' Certificate and 1,209 qualified for Distance Certificates from 50 yards to ¼ mile. These results reflect great credit on the work of the two swimming instructors and the keenness of the schools.

Out-of-School Activities.

Folk Dancing.—The annual competitions for the Petty and Lewis Shields were organised by the Derby Folk Dance Club. The usual high standard of dancing was maintained. The difference between the dancing of the various competitors is very small ; judges invariably have a difficult task in choosing the winners, and the finer points of the art are generally the deciding factors.

Schools' Athletic Association.—The Association carries on with its many activities in connection with Football, Cricket, Netball, Stoolball, Swimming and Life Saving, and Athletics. An interesting point in connection with the Netball competition is worthy of note. Orchard Street School have won this competition for nine years in succession. In spite of this, the competition has lost little of its interest and schools continue to compete in a real sporting spirit.

With the Athletic competitions a real advance has been made. This has been long delayed and it is pleasing to report such a change. In the past the Town Sports have been organised in the same way since the commencement i.e., individual entries are accepted from any competitors and individual prizes for the various events are given. For the coming year it is recommended that as many schools as possible shall organise their own individual school sports and the Town Sports be organised as inter-school sports. Schools will send representative teams to compete against one another in the various events. Points will be awarded, and instead of prizes the competitors will strive for the honour of their school. It is particularly pleasing that this re-organisation should come this year when the Derby Association has accepted the invitation of the National Schools' Athletic Association to stage the Inter-County Championships in Derby. It is hoped that this event will give an added stimulus to school athletics in Derby and help to inspire boys and girls to a generally improved standard.

Play Centres.—The Orchard Street and Traffic Street Play Centres continued as usual during the winter months.

Camping.—The schools' holiday camp was again held at Abergele. The attendances for the five weeks were as follows :—1st week, 137 ; 2nd week, 142 ; 3rd week, 106 ; 4th week, 119 ; 5th week, 54 Central School boys. The usual grants were made by the Education Committee to assist the poorer children, and 341 children received assistance towards their week's holiday. The girls' camp was honoured by an official visit of Derby's first Lady Mayor, Councillor Mrs. E. Petty, J.P. Much to the delight of the camp staff and the children the Mayor stayed for a whole day and had her first experience of a camp bed under canvas for a night. This is especially a worth while activity and it is unfortunate that camping is limited to the summer holidays. Extension of the camping activities might progress in either of two directions—(1) A permanent camp site nearer to Derby which would make camping in school time possible. This would be more in the nature of an open-air school and limited to poorer ill-nourished children. (2) A comprehensive playing fields scheme would possibly offer facilities for camping out of school hours during week-ends. This would be a voluntary form of camping available to all school children, provided that the Education Committee gave some assistance to necessitous children. Being out of school hours it could not be educational in the academic sense, but it would give practical training in the art of living in the open air.

Evening School Keep-Fit Classes.—A full report was made last year with regard to the provision of Keep-Fit Classes in Evening Schools. The same programme was carried out during the past year and new classes were introduced at Brighton Road and Allenton. The classes at Allenton have certainly had a first year's successful run, and it is encouraging to report a very well attended class for youths. The boys have met two evenings each week and the attendance has been definitely good."

PROVISION OF MEALS.

The provision of meals continues on the lines indicated in previous reports except that, to meet the higher cost of living, the scale was extended in respect of solid meals to 8/-, and in respect of milk to 7/- per week. In addition, it was also arranged that malnourished children already receiving the free milk ration should have an extra one-third pint daily if their physical condition justified it. These altered conditions to some extent account for the increase in the number of children on the free meals list, which has increased from 251 in 1936 to 332 in 1937. On the part-payment list there are now 104 compared with 118 in 1936.

A medical examination of all children for whom free meals were applied was undertaken, and the number of children so examined during 1937 was 221.

It is disappointing to record a further decrease in the daily average of milk returns. The daily average was 10,937, compared with 11,000 in 1936, but the total of free issues was 2,205 compared with 2,100.

A development during 1937 was the expansion of the milk scheme during holiday periods to those children on the free list. This expansion was started in August, and during the period of twenty days nearly 20,000 bottles of milk were distributed.

CO-OPERATION OF PARENTS, TEACHERS, CHILDREN'S WELFARE OFFICERS AND VOLUNTARY BODIES.

Parents.—A disappointing feature of medical inspection in 1937 was the reduced proportion of parents who attended with the children for the examination. The actual number was 3,524, compared with 4,029 in 1937; this represents an over all average of 51% as against 52%. The fact, however, that the percentage of parents present in the entrant group shows a reduction of from 86% to 81% is the more significant figure. Whether this reduction is due to some extent to the employment of married women is difficult to say. Certainly every effort is made to ensure their attendance—notices are sent out, and to avoid waiting, definite times are given, while teachers co-operate by urging parents to be present if at all possible.

Teachers and Children's Welfare Officers.—As without good will and intelligent co-operation things can so easily go wrong, it is once again a pleasure to record a harmonious year, and to acknowledge gratefully the cordial and generous assistance given by the staff—medical, nursing and clerical, Education Department officials, Teachers and Welfare Officers, especially the Superintendent, Mr. F. Gates. To all these I extend my sincere thanks.

Voluntary Bodies.

(*a*) Invalid Children's Aid Association.—The close co-operation established between the School Medical Department and the Invalid Children's Aid Association was maintained during the year. Many cases have been referred by the School Medical Officer to this Association, who have not only provided allowances for increased food, but have also undertaken to send cases to the seaside and helped them in various ways.

(*b*) National Society for the Prevention of Cruelty to Children.—I wish to make special acknowledgment to the Officer of the N.S.P.C.C. for his valuable services during the year. The calls made upon him have been particularly heavy and have arisen largely in connection with cases attending the Eye Clinic. His visits were almost entirely successful and were of great assistance to the Department. On the few occasions where his assistance was sought in cases of neglect, an immediate improvement was manifest.

(*c*) Skegness Seaside Homes.—Every year, through the agency of this Institution, children from all over the town enjoy a week or a fortnight of happy and healthy holiday at this bracing seaside resort, and return very much the better for the change. In assessing the various factors which tend to make and keep the school children of Derby healthy, this Institution undoubtedly takes a very high place.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The methods adopted for ascertaining and dealing with children who are defective have been described in previous reports.

Blind.—There were no cases of blindness examined during the year.

Deaf.—Two children were examined with a view to admission to a Deaf and Dumb Institution.

Epileptic.—There were no cases of Epilepsy examined during the year for institutional treatment.

Mentally Defectives.—Twenty-five children were examined under the Mental Deficiency Act, 1913. Three were certified incapable, by reason of mental defect, of receiving benefit from instruction in a Special School or Class, and twenty-two were certified feeble-minded (over sixteen years of age).

Temple House Special School.—The number of children who have had the benefit of special training in this School since its opening in 1901 is now 1001.

Admissions.—Examinations are held periodically during the year, and in 1937, 85 children were brought forward. Of these, 39 were certified as capable of receiving benefit from instruction in the Special School ; 32 were actually admitted during the year, six children who were passed as suitable candidates were admitted early in 1938, and the remaining child was admitted to a private school. Forty-six were found not to be mentally defective within the meaning of the Act and fit to be retained in the elementary school.

The following shows the age and sex respectively of the children admitted during the year :—

	Males.	*Females.*
Aged 6 ...	2	—
Aged 7 ...	3	5
Aged 8 ...	4	4
Aged 9 ...	3	2
Aged 10 ...	2	2
Aged 11 ...	—	2
Aged 12 ...	—	2
Aged 13 ...	1	—
Totals ...	15	17

One of the girls aged 12, and the boy aged 13 years were cases transferred from other Authorities.

Discharges.—The following children were discharged from the School during the year and their present occupation, as far as can be ascertained is noted :—

Males.

J.S.	Unknown.
S.H.	Left Town.
R.S.	Mill Hand.
L.B.	Unknown.
T.P.	Left Town.
J.R.	Left Town.
W.L.	Unemployed.
H.M.	Residential M.D. Institution.
E.M.	Residential M.D. Institution.
H.T.	Residential M.D. Institution.
D.C.	Residential M.D. Institution.
B.C.	Unknown.
H.H.	Foundry Hand.
W.G.	Bricklayer's Apprentice.
A.B.	Unemployed.
B.L.	Unemployed.
S.R.	Mill Hand.
P.A.	Errand Boy.

Females.

R.W.	Unknown.
J.A.	Orthopaedic Institution.
D.G.	Unemployed.
V.H.	Residential M.D. Institution.
H.H.	Residential M.D. Institution.
I.G.	Factory Hand.
P.B.	Private School.
W.H.	Unknown.
E.H.	At Home.
L.E.	At Home.
J.P.	Packer.
A.W.	Mill Hand.
F.P.	At Home.
G.C.	Unemployed.
J.F.	Laundry Hand.
J.B.	At Home.
E.G.	Factory Hand.
F.W.	Unemployed.
H.C.	Packer.
M.T.	Mill Hand.
W.H.	Hosiery Hand.

Work of the Local Branch of the Central Association for Mental Welfare.—This Association has been in operation since 1931, and its objects have been detailed in a former report. During the year, 124 reports were received on children who were either in or had left Temple House Special School.

Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.—There are no centres for Higher Education or vocational training in Derby. Suitable cases requiring such training are sent to recognised Institutions elsewhere. During 1937, one girl was maintained at the British Homes for Deaf and Dumb, London, and one boy at the Home for Crippled Boys, Wright's Lane, Kensington.

NURSERY SCHOOL AND CLASSES.

The Wright Street Nursery School and the three recognised Nursery Classes continue to function successfully on the lines indicated in previous reports. The children are visited twice weekly by the School Nurse and at frequent intervals by the Medical Officer. Every child is medically examined at least once per year and treatment inaugurated for any defects. Judged by any standard, these classes are definitely successful.

The number of children examined at the various schools was :—

School.	*Boys.*	*Girls.*	*Total.*
Wright Street ...	44	40	84
Trinity	33	44	77
Firs Estate ...	—	56	56
Nuns Street ...	39	28	67
Totals ...	116	168	284

SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.

The number of Secondary Schools in Derby is four, viz., The Bemrose School (Boys), Parkfields Cedars Secondary School for Girls, The Derby School (Boys), and The Junior School of Art (Boys and Girls).

Accommodation.

The Bemrose School	685
Parkfields Cedars Secondary School for Girls... ...	402
The Derby School	265
Junior School of Art	80
	1,430

Medical Inspection.—The requirements of the Board with regard to medical inspection have been carried out, all the schools having been inspected during the year. A complete examination, however, was undertaken only for the entrants, twelve and fifteen year old pupils, and any others whom it was thought necessary to examine. Any defects requiring attention are brought to the notice of the parents, together with an offer of any treatment available at the School Clinic. Pupils who do not receive treatment at the Clinic are re-inspected after six months, unless they are known by earlier examination to be definitely remedied.

The total number of pupils inspected was 1,426. Of these, 948 were boys and 478 girls.

Treatment.—The forms of treatment available at the Clinic include minor ailments, dental, ophthalmic, nose and throat, ultra-violet rays and orthopædic, the conditions regarding payment being similar to those for Elementary School children, with the exception of dental treatment, for which an annual fee of 5s. is charged. The following shows the number of defects treated at the Clinic :—

Visual Defects	102
Dental Defects	343
Other Defects	60

Other Examinations.—

Before Boxing Tournament	15
Before proceeding to O.T.C. Camp	40

Continuation Schools.—The School Medical Service has not up to the present dealt with Continuation Schools.

PARENTS' PAYMENTS.

No charge is made to parents in respect of treatment of minor ailments, skin, ultra-violet ray, aural (except operation), ophthalmic (except cost of glasses), and orthopædic (except Hospital and Appliances).

For operations for tonsillectomy, a charge of 13s. is made to the parents if the operation is performed at the City Hospital. These amounts cover the entire expense, and there is no cost to the Education Committee. In exceptional cases, however, part payment of this sum may be defrayed by the Authority.

Dental Treatment.—For Elementary School children, no definite scale is employed. Parents, however, are informed that some contribution to the cost of treatment is expected. For Secondary School children an annual charge of 5s. is made.

Orthopædic Treatment in Hospital.—No definite scale is in operation. All the home circumstances, however, are considered, and a weekly charge made accordingly.

Spectacles.—Parents pay for the spectacles themselves, except in such cases where, on account of poverty, the glasses are not likely to be obtained. In these cases, some assistance is given by the Education Authority.

HEALTH EDUCATION.

General health education is carried on in the schools by the education staff, and the Board's Handbook of Suggestions on Health Education is followed extensively. The Senior Dental Officer, however, gives periodic lectures to the senior children in the elementary schools. Up to now no systematic health education has been undertaken by the Medical Staff.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 404 children were examined as to their fitness to undertake employment, five of whom was certified unfit. At the end of the year there were 208 children registered to work for 128 employers, the majority being engaged on newspaper delivery.

THE WORK OF THE SCHOOL NURSES.

Eight nurses, including one employed whole-time on orthopædic work, are engaged on the work of the School Medical Services.

Home Visits.

Infectious Diseases	94
Re Spectacles	583
Re Nose and Throat Defects	450
Re Orthopædic Defects	206
Re Ultra-violet Rays...	263
Unsuccessful	449
Miscellaneous	199
Total ...	2,244

Visits to Schools.

Number of sessions devoted to vermin inspections	242
Miscellaneous	74

Visits to Nursery Schools.

Number of visits paid	259

Clinics.

Minor Ailments Clinic,	Mill Hill Lane	428
Do.	St. Helen's Street	154
Do.	Brighton Road School	82
Do.	Pear Tree School	83
* Do.	Traffic Street School	35
Do.	Firs Estate School	83
Do.	Nightingale Road School	165
Do.	Nottingham Road School	155
Consultation Clinic, Mill Hill Lane		274
Ophthalmic Clinic, Mill Hill Lane		182
Skin Clinic, Mill Hill Lane		42
Aural Clinic, Mill Hill Lane		31
Ultra-violet Ray Clinic,	Wright Street	60
Do.	Mill Hill Lane	411
Orthopædic Clinic, Mill Hill Lane		396

* Closed May, 1937.

Vermin Clinics.

Total number of cases attended :—

Body Vermin	1
Verminous Head	143
Total number of attendances	441

Further particulars in connection with this work are given in Appendix, Table IV., Group 6.

MISCELLANEOUS WORK.

Teachers.—The total number of teachers examined during the year after absence from duty owing to illness was 31. All were certified fit.

Home Office Schools.—Thirteen children were examined during the year and certified fit.

Schools Camp.—555 children were examined before proceeding to the annual Schools Camp at Abergele—325 boys and 230 girls. All were certified fit.

Skegness Seaside Home.—260 children were examined before proceeding to the Derby and Derbyshire Children's Seaside Home.

Entertainments.—86 children were examined and certified fit to take part in entertainments.

School Journeys.—93 children were examined before proceeding on school journeys.

Child Guidance.—There is nothing fresh to report under this heading. As in previous years, several delinquent and difficult children have been referred for examination and advice, but there is no clinic specially organised for this aspect of child health.

APPENDIX.

TABLE I.—MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	2,027
Second Age Group	1,735
Third Age Group	1,782
Total	5,544
Number of other Routine Inspections	1,614
Grand Total ...	7,158

B.—OTHER INSPECTIONS.

Number of Special Inspections	6,642
Number of Re-Inspections	22,051
Total	28,693

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual Children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table II A.	Total.
Entrants	10	452	462
Second Age Group ...	92	261	340
Third Age Group	159	225	373
Total (Prescribed Groups)	261	938	1,175
Other Routine Inspections	98	247	333
Grand total	359	1,185	1,508

TABLE II.

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1937.

	DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.
Skin	(1) Ringworm—Scalp	2	—	53	—
	(2) ,, Body	1	—	87	—
	(3) Scabies	8	—	126	—
	(4) Impetigo	16	—	1428	—
	(5) Other Diseases (Non-Tuberculous)	57	14	2388	22
	TOTAL (Heads 1 to 5)...	84	14	4082	22
Eye	(6) Blepharitis	26	7	292	13
	(7) Conjunctivitis	15	4	320	—
	(8) Keratitis	—	—	4	1
	(9) Corneal Opacities	—	—	—	3
	(10) Other Conditions (excluding Defective Vision and Squint)	14	2	497	8
	TOTAL (Heads 6 to 10)	55	13	1113	25
	(11) Defective Vision (excluding Squint)	359	194	852	453
	(12) Squint	99	47	273	142
Ear	(13) Defective Hearing	16	9	73	32
	(14) Otitis Media	34	18	361	27
	(15) Other Ear Diseases	17	6	432	12
Nose and Throat	(16) Chronic Tonsillitis only ...	20	106	69	234
	(17) Adenoids only	9	25	38	33
	(18) Chronic Tonsillitis and Adenoids...	31	37	92	38
	(19) Other Conditions	123	576	512	1021
	(20) Enlarged Cervical Glands (Non-Tuberculous)...	4	35	86	78
	(21) Defective Speech	1	53	—	113

TABLE II. A. (*continued*).

DEFECT OR DISEASE.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.
Heart and Circulation	Heart Disease:				
	(22) Organic	27	9	49	12
	(23) Functional	44	335	139	839
	(24) Anaemia	29	64	70	136
Lungs	(25) Bronchitis	205	311	557	509
	(26) Other Non-Tuberculous Diseases	23	46	40	52
Tuberculosis	Pulmonary:—				
	(27) Definite	3	6	6	20
	(28) Suspected	3	5	5	20
	Non-Pulmonary:—				
	(29) Glands	1	5	12	8
	(30) Bones and Joints ...	—	3	11	7
	(31) Skin	—	—	—	—
	(32) Other Forms	—	—	2	1
	TOTAL (Heads 29 to 32)	1	8	25	16
Nervous System	(33) Epilepsy	6	3	21	17
	(34) Chorea	1	—	22	6
	(35) Other Conditions	4	15	65	62
Deformities	(36) Rickets	47	24	79	63
	(37) Spinal Curvature	74	98	126	137
	(38) Other Forms	42	22	152	70
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)		212	304	13,975	651
	Total No. of Defects ...	1,573	2,383	23,314	4,840

TABLE II.—B.

Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	2027	119	5·87	1649	81·35	257	12.67	2	0·09
Second Age-group	1735	138	7·95	1366	78·73	230	13·26	1	0·06
Third Age-group	1782	214	12·01	1406	78·90	162	9·09	—	—
Other Routine Inspections ...	1614	130	8·05	1312	81·29	171	10·59	1	0·06
Total ...	7158	601	8·39	5733	80·09	820	11·45	4	0·06

TABLE III.—Return of all Exceptional Children in the Area.

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	—	—	—	3

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	28	—	—	28

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
20	1	—	—	21

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	1	—	—	1

MENTALLY DEFECTIVE CHILDREN.

Feeble-Minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
120	—	—	—	120

EPILEPTIC CHILDREN.

Children suffering from severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	1	—	3	6

PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

I.—Children suffering from Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	39	2	4	47

II.—Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	27	1	5	39

B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	161	—	1	162

C. Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	91	3	—	95

D. Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	2	2

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Crippled and Feeble-minded	7	—	—	—	7

TABLE IV.

Treatment Tables.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm Scalp—			
(i.) X-Ray Treatment	—	—	—
(ii.) Other „	54	—	54
Ringworm Body	87	—	87
Scabies	130	3	133
Impetigo	1429	7	1436
Other Skin Disease	2368	48	2416
Minor Eye Defects	1087	46	1133
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	799	106	905
Miscellaneous	11626	261	11887
(*e.g.*, minor injuries, bruises, sores, chilblains, etc.)			
Total	17580	471	18051

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects Treated as Minor Ailments.—Group I.)

	No. of Defects dealt with.		
	Under the Authority's Scheme	Otherwise.	Total.
ERRORS OF REFRACTION (including squint).	1,304	6	1,310
Other defect or disease of the eyes (excluding those recorded in Group I.)	—	—	—
Total	1,304	6	1,310
	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(*a*) Prescribed	1,166	6	1,172
(*b*) Obtained	1,005	6	1,011

GROUP III.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.													
Received Operative Treatment.												Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total.					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
7	6	76	—	32	16	167	7	39	22	243	7	342	653

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopædic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	
mber of hildren reated	2	13	266	—	18	51	333

Table V. Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist
(a) Routine age-groups

AGE	5	6	7	8	9	10	11	12	13	14	TOTAL
Number	1900	1778	1932	2052	1957	1941	1733	1737	1740	264	17,034

(b) Specials	106
(c) TOTAL (Routine and Specials)	17,140
(2) Number found to require treatment	12,731
(3) Number actually treated	7,748
(4) Attendances made by children for treatment	9,288

(5) Half-days devoted to :—

Inspection	149
Treatment	1,194
Total	1,343

(6) Fillings :—

Permanent Teeth ...	5,527
Temporary Teeth ...	16
Total	5,543

(7) Extractions :—

Permanent Teeth ...	2,475
Temporary Teeth ...	10,120
Total	12,595

(8) Administrations of general anæsthetics for extractions	5,968

(9) Other Operations :—

Permanent Teeth ...	119
Temporary Teeth ...	1
Total	120

Table VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	4
(ii.) Total number of examinations of children in the Schools by School Nurses	36,831
(iii.) Number of *individual* children found unclean	1,135
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	Nil
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	Nil
(b) Under School Attendance Byelaws	Nil

APPENDIX.

TABLE I.

Medical Inspections of Children attending Secondary Schools.

A.—Routine Medical Inspections.

Ages.	7	8	9	10	11	12	13	14	15	16	17	18	Totals.
Boys	5	15	11	46	85	156	192	164	156	74	41	3	948
Girls	..	..	..	27	40	78	97	93	91	35	15	2	478
Totals	5	15	11	73	125	234	289	257	247	109	56	5	1426

B.—Other Inspections.

Number of Special Inspections	52
Number of Re-inspections	377
Total	429

C.—Children found to require treatment.

Number of individual children found at Routine Medical Inspection to require treatment (excluding defects of Nutrition, Uncleanliness and Dental Diseases).

For Defective Vision (excluding Squint)	133
For all other conditions recorded in Table II A.	134
Total	256

TABLE II.—A. Return of Defects found by Medical Inspection in the year ended 31st December, 1937.

DEFECT OR DISEASE.		Routine Inspections		Special Inspections.	
		Number of Defects		Number of Defects	
		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Skin	(1) Ringworm—Scalp	—	—	—	—
	(2) ,, Body	—	—	1	—
	(3) Scabies	1	—	1	—
	(4) Impetigo	1	—	2	—
	(5) Other Diseases (Non-Tuberculous)	8	6	7	1
	TOTAL (Heads 1 to 5) ...	10	6	11	1
Eye	(6) Blepharitis	2	—	2	1
	(7) Conjunctivitis	1	—	1	1
	(8) Keratitis	—	—	—	—
	(9) Corneal Opacities	—	—	—	—
	(10) Other Conditions (excluding Defective Vision and Squint)...	—	—	1	—
	TOTAL (Heads 6 to 10)	3	—	4	2
	(11) Defective Vision (excluding Squint)	133	76	103	9
	(12) Squint	6	3	3	1
Ear	(13) Defective Hearing	2	1	1	—
	(14) Otitis Media	2	1	3	—
	(15) Other Ear Diseases	3	1	2	—
Nose and Throat	(16) Chronic Tonsillitis only ...	7	13	1	1
	(17) Adenoids only	—	—	—	1
	(18) Chronic Tonsillitis and Adenoids...	1	—	—	—
	(19) Other Conditions	14	28	8	10
(20) Enlarged Cervical Glands (Non-Tuberculous)		—	1	—	—
(21) Defective Speech		—	3	—	4
Heart & Circulation	Heart Disease :				
	(22) Organic	6	1	1	—
	(23) Functional	14	52	1	5
	(24) Anaemia	2	4	2	1

TABLE II. A. *(continued)*

Lungs	(25) Bronchitis	3	19	3	4
	(26) Other Non-Tuberculous Diseases	4	1	—	—
Tuberculosis	Pulmonary :—				
	(27) Definite	—	—	—	—
	(28) Suspected	—	—	—	—
	Non-Pulmonary :—				
	(29) Glands	—	—	—	1
	(30) Bones and Joints ...	—	—	—	—
	(31) Skin	—	—	—	—
	(32) Other Forms	—	—	—	—
	TOTAL (Heads 29 to 32)	—	—	—	1
Nervous System	(33) Epilepsy	—	1	—	1
	(34) Chorea...	1	1	—	—
	(35) Other Conditions	—	2	—	1
Deformities	(36) Rickets	—	—	—	—
	(37) Spinal Curvature	31	9	5	8
	(38) Other Forms	24	3	7	5
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases ...		19	58	39	9
	Total	285	284	177	64

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1937.

Treatment Table.

Group I.—Minor Ailments.

Disease or Defect.	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—Ringworm Scalp—			
(i.) X-Ray Treatment	—	—	—
(ii.) Other Treatment	—	—	—
Ringworm Body	1	—	1
Scabies	1	—	1
Impetigo	1	2	3
Other Skin Disease	10	5	15
Minor Eye Defects .. .. (External and other, but excluding cases falling in Group II.)	2	3	5
Minor Ear Defects	9	2	11
Miscellaneous .. .. (*e.g.* minor injuries, bruises, sores, chilblains, etc.)	16	6	22
Total	40	18	58

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) ...	102	18	120
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)...	—	—	—
TOTAL	102	18	120
	Under the Authority's Scheme.	Otherwise.	Total.
No. of children for whom spectacles were			
(*a*) Prescribed	91	18	109
(*b*) Obtained...	85	18	103

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.													
Received Operative Treatment.													
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total.				Received other forms of treatment.	Total number treated.
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	—	—	—	1	—	1	—	1	—	1	—	10	12

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other defects of the nose and throat.

Group IV. Orthopædic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an Orthopædic Clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an Orthopædic Clinic	Total number treated
No. of children treated	—	1	9	—	2	1	12

Table V. Dental Inspection and Treatment.

(1) Number of Children who were :—			
(*a*) Inspected by the Dentist :			
Routine Age Groups			Nil.
Specials			343
(*b*) Found to require treatment			343
(*c*) Actually treated			343
(2) Half-days devoted to	Inspection — Treatment —	Total	—
(3) Attendances made by children for treatment			800
(4) Fillings	Permanent Teeth 663 Temporary Teeth Nil	Total	663
(5) Extractions	Permanent Teeth 230 Temporary Teeth 65	Total	295
(6) Administrations of general anæsthetics for extractions			167
(7) Other operations	Permanent Teeth 1 Temporary Teeth —	Total	1

iv.--PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

INCLUDING REPORTS BY

Dr. HAIGH, Senior Assistant Medical Officer of Health;

AND

Dr. RICHARDS, Venereal Diseases Medical Officer.

The Public Health Act, 1936, which consolidated and repealed the bulk of those legislative enactments which have been placed on the Statute Book since 1875 relating to the Public Health, came into force on the 1st October, 1937.

No changes have been made in the legal responsibility of citizens to notify forthwith any case of notifiable infectious disease. The duties of Medical Practitioners as to the notification of disease remain as before, save that the terms " continued fever " and " puerperal fever " have been omitted from the definition of " Notifiable diseases " in the 1936 Act and therefore the obligation to notify cases of puerperal pyrexia now includes the obligation to notify conditions heretofore notifiable as puerperal fever.

The climatic conditions of 1937 were exceptional. Five months of excessive rainfall with generally dull and cold conditions were followed by a deficiency of rainfall throughout the rest of the year, with less than average sunshine. It was the driest August on record, with excessive sunshine. September was about average in the Midlands, after which conditions were dull. Thus the winter was conducive to the spread of catarrhal infections and generally lowered resistance to infection, whereas the continued dryness of later months made possible the spread of throat infections above the average.

COMMUNICABLE DISEASES.

Throughout the year the Department has been kept fully occupied and the Isolation Hospital working at pressure.

The epidemic of Influenza which started before Christmas continued into March, as a result of which there were heavy increases of notifications and deaths from Pneumonia.

In September there was an outbreak of Poliomyelitis, the number of cases in Derby exceeding any previously recorded experience.

Scarlet Fever continued throughout the winter as the tail of an epidemic, but contrary to expectation and perhaps as a result of drought conditions, increased in prevalence again in the autumn to assume epidemic proportions until well past the end of the year.

Diphtheria on the other hand gave little cause for anxiety ; for the third year in succession there has been no autumnal rise in incidence, suggesting that the increasing acceptance of prophylactic immunisation has now placed some barrier against the spread of infection. It may be put on record that 16% of the school population are now immunised, and cases in the elementary schools are sporadic only, without spread.

Measles, unfortunately, has continued owing to the re-infection of school groups after each break for holidays, and produced an epidemic in the spring. The disease continued throughout the autumn and winter so that we have observed the exceptional condition of overlapping epidemics consecutively through two and a half years.

As I have reported before, the cinema appears to be of chief importance in the spread of both Measles and Scarlet Fever from area to area of the town.

Home Nursing.

Trained nursing assistance for cases of Pneumonia was provided in 43 instances, 34 of which recovered. For certain other cases the Works Welfare nurses were in attendance. Similar help was provided by the Corporation for 15 cases of Measles.

Infectious Diseases Hospital.

In the 1936 report considerable space was given to the provision of treatment and the policy underlying the isolation of cases. A reasoned statement set forth the modern epidemiological arguments for an increase in the number of beds for the isolation and treatment of that group of infections passing under the name of Scarlet Fever. During the past year the lack of available accommodation has been so serious as to constitute a public grievance with occasional letters in the local Press.

Dr. Taylor again draws attention to the position from the point of view of Hospital Administration, the overcrowding of wards and overworked staff. My department has to consider the conditions in the Borough as a whole, and a very disturbing and difficult situation had to be faced during the past autumn and winter. The facts, as detailed below, make a very strong case for an immediate and urgent decision as to whether the number of beds available is adequate. The scale should approximate to 1 per 1,000 of the population, *with adequate spacing and isolation*—at present this has not been realised, and if any extension of the Borough is contemplated, the shortage will be very serious.

BOROUGH ISOLATION HOSPITAL—IN-PATIENT DAYS.

Year.	*Scarlet Fever.*	*Diphtheria.*	*Others.*
1935	10,420	11,138	3,732
1936	17,873	10,075	5,422
1937	15,952	10,078	5,915

During part of 1936 the hospital was overcrowded, and the same problem had to be faced in 1937.

The number of in-patient days given in the table needs to be analysed. As to Diphtheria there has been no excessive pressure on the beds available. If Scarlet Fever and " others " are taken together, and if we assume that no bed has ever been empty throughout 365 days, we find that 64 beds were in daily occupation throughout 1936, and 60 beds throughout 1937. But the hospital is not constructed for such numbers ; few cases of Scarlet Fever can be nursed in the Cubicle Ward. How has *this* infection been handled when cases were very frequent ? By overcrowding in epidemic periods, and by refusing to admit cases which ought to have been removed from their homes, together with considerable delay in the removal of some admissions. The pressure on beds for Scarlet Fever cases began in October and continued with increasing force until the end of January, 1938. Delay in removal of cases is adverse to proper treatment, yet we had to maintain a waiting list, especially in January.

The effect of compulsory retention of fever in the home often entails great interference with the home life and sleeping accommodation of a large family, by consideration of sex, age, occupation, etc., and maybe the retention of the sick person in the bedroom of the parents.

Moreover, the nursing of infection often throws excessive strain on a not very strong mother, with risks of infection to herself and the probability of second cases in the home. On the other hand, overcrowding of hospital wards may be dangerous from the point of view of complications, and is a cause of great strain to an overworked staff. The table given shows the number of known cases of Scarlet Fever retained at home, together with the number which would have been removed to hospital had there been accommodation. Removal was eminently desirable in many other cases.

Experience with notified cases of Scarlet Fever :—

Month.	*No. of cases notified.*	*No. removed to Hospital.*	*No retained. at home.*	*No. whose removal desirable.*
1937, Sept.	51	35	16	?1
Oct.	91	65	26	6
Nov.	133	80	53	14
Dec.	136	69	67	10
1938, Jan.	99	65	34	7
	510	314	196	

Eight second cases occurred in the homes, directly as a result of home nursing, also one father and three mothers were infected ; there were two "return" cases in homes ; in addition, one family where the first case should have been removed, had the misfortune to succumb to a house epidemic comprising mother, maid, a relative who came to nurse, and three children.

The nursing at home of an only child is eminently satisfactory, it was far otherwise for many of the above 40% of cases retained at home, and somebody has to be congratulated that the results were so good.

Cases of Infectious Disease Notified during 1937.

Notifiable Disease.	Cases Notified in whole District.													Total Cases Notified in each Ward.																Non-Residents.	Total Cases removed to Isolation Hospital.
	At all ages	At Ages—Years.																													
		Under 1.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and upwards.	Abbey.	Alvaston.	Arboretum.	Babington.	Becket.	Bridge.	Castle.	Dale.	Derwent.	Friar Gate.	King's Mead.	Litchurch.	Normanton.	Osmaston.	Pear Tree.	Rowditch.		
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup) ...	196	1	4	8	6	11	86	42	13	16	8	...	1	12	11	7	3	7	6	23	5	14	19	30	8	15	15	7	7	7	175
Erysipelas	55	1	...	...	1	...	2	...	2	9	9	16	15	...	5	4	3	7	1	1	1	8	2	8	4	4	2	2	2	1	27
Scarlet Fever	718	4	8	25	36	49	295	167	46	67	16	3	2	48	101	26	24	30	25	25	27	62	41	26	27	50	120	32	38	16	483
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	5	...	...	...	...	...	...	...	1	...	3	1	...	...	...	...	...	1	1	...	...	...	...	1	1	1	...	...	...	...	2
Relapsing Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
†Puerperal Fever	9	...	...	...	...	...	...	...	1	6	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	6	...
Puerperal Pyrexia ...	72	...	...	...	...	...	...	...	4	57	11	...	...	3	1	1	2	1	1	3	3	2	2	4	3	4	8	1	5	28	...
Cerebro-Spinal Fever ...	4	...	1	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	1	...	1
Poliomyelitis	9	...	2	...	2	1	3	...	...	1	...	...	...	...	1	2	...	...	...	1	...	3	...	...	...	...	...	...	...	2	2
Acute Polio-Encephalitis...	3	...	...	...	...	...	1	...	...	2	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Encephalitis Lethargica	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Pneumonia	268	5	3	11	4	10	21	12	16	66	26	65	29	12	10	15	12	12	10	16	12	31	20	29	22	15	21	15	16	...	2
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	3	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...
Pulmonary Tuberculosis...	90	...	...	...	...	...	1	4	3	34	18	28	2	6	8	2	5	2	1	6	4	9	2	7	6	7	11	4	10	...	114
Other forms of Tuberculosis	26	...	2	1	1	...	9	2	3	5	1	2	...	3	2	...	2	1	2	...	...	5	1	1	...	1	5	2	1	...	2
Ophthalmia Neonatorum...	39	39	...	...	...	...	...	...	...	...	...	...	...	3	...	2	1	2	...	7	1	5	3	1	5	1	2	...	4	2	...
Measles and Rubella ...	2285	81	205	255	293	308	1043	73	12	13	2	...	...	191	326	131	76	77	73	91	66	208	94	99	108	185	293	96	165	6	124
*Chicken-pox	930	31	43	78	90	119	500	56	12	1	...	...	...	97	36	50	52	67	28	72	32	77	60	95	71	38	60	19	74	2	33
*Whooping Cough ...	515	70	56	56	65	66	194	7	...	1	...	...	...	31	51	19	24	34	10	18	43	83	23	25	21	76	15	9	30	3	55
Totals	5228	232	324	434	498	566	2157	365	113	278	97	115	49	406	552	261	204	242	158	263	194	508	267	326	277	400	554	190	353	73	1020

* Not compulsorily notifiable.

†Included in Puerperal Pyrexia from 1st Oct, 1937.

Notifiable Diseases during the Year.

DISEASE.	*Total Cases Notified*	*Cases admitted to Hospitals*	*Total Deaths.*
Smallpox	...	...	...
Diphtheria	196	176	7
Scarlet Fever	718	486	...
Enteric Fever (including Paratyphoid)	5	6	1
Puerperal Fever	9	9	3
Puerperal Pyrexia	72	65	...
Pneumonia	268	176	63
Erysipelas	55	28	5
Cerebro-Spinal Fever	4	* 5	2
Poliomyelitis	9	9	...
Encephalitis Lethargica ...	1	1	1
Polio-Encephalitis	3	3	3
Malaria	...	...	...
Ophthalmia Neonatorum ...	39	13	...
Measles and Rubella	2,285	125	3
Chicken Pox	930	34	...
Dysentery	3	3	...
Whooping Cough	515	57	8
Tuberculosis— (incl. obs. cases)			
Pulmonary Males ...	56	104	49
Females ...	34	56	28
Total ...	90	160	77
Non-Pulmonary Males ...	11	25	4
Females ...	15	17	7
Total ...	26	42	11

*Including 1 case from Heanor.

BACTERIOLOGICAL etc., EXAMINATIONS.

The following is a summary of examinations made during the year 1937 :—

BOROUGH LABORATORY (Isolation Hospital).		
Swabs for Diphtheria	6,057	
Swabs for Vincent's Angina	43	
Sputa by ordinary method	2,226	
Sputa by E and E method	533	
Others	1,916	
Borough Laboratory Total		10,775
COUNTY LABORATORY.		
Swabs for Haemolytic Streptococci	42	
Urine Specimens	11	
Eye Cultures	16	
Blood for Widal's Reaction	5	
Others	64	
County Laboratory Total		138
Grand Total		10,913

Summary of Cases of Infectious Disease notified in each Quarter during 1937.

Quarters.	Totals.	Small Pox.	Scarlet Fever.	Diphtheria including Membranous Croup.	Enteric Fever.	Erysipelas.	Puerperal Fever.	Puerperal Pyrexia.	Cerebro Spinal Fever.	Poliom'litis.	Acute Polio-Encephalitis.	Acute Encephalitis Lethargica.	Pneumonia.	Malaria.	Chicken Pox.	Dysentery.	Pulmonary Tuberculosis.	Other Tuberculous Diseases	Ophthalmia Neonatorum.	Measles and Rubella.	Whooping Cough.
First ...	850	...	117	62	...	15	4	10	...	...	...	1	140	...	197	...	29	5	7	187	76
Second	2211	...	123	34	1	11	1	13	3	...	...	...	49	...	340	...	24	13	6	1385	208
Third ...	1028	...	117	50	2	9	4	20	...	6	1	...	29	...	205	...	15	4	19	419	128
Fourth	1139	...	361	50	2	20	...	29	1	3	2	...	50	...	188	3	22	4	7	294	103
Year ...	5228	...	718	196	5	55	9	72	4	9	3	1	268	...	930	3	90	26	39	2285	515
Deaths Regist'd in 1937	211	...	...	6	1	5	3	...	2	...	3	1	91	...	...	...	77	11	...	3	8

Particulars of Action taken with the Infectious Disease Cases.

	Totals.
Number of Visits made by Health Visitors	6,588
Cases Isolated. Borough Hospital :—	
Scarlet Fever	483
Diphtheria	175
Measles	124
Erysipelas	27
Enteric Fever	2
Whooping Cough	55
Chicken Pox	33
Cerebro Spinal Fever	1
Acute Poliomyelitis	2
Pneumonia	2
Diphtheria Carriers	1
Observation	63
Cases Removed to Borough Sanatorium :—	
Pulmonary Tuberculosis	114
Non-pulmonary Tuberculosis	2
Cases Isolated. City Hospital.	
Pneumonia	150
Enteric Fever	3
Puerperal Fever	1
Puerperal Pyrexia	24
Acute Polio-encephalitis	1
Dysentery	3
Ophthalmia Neonatorum	3
Pulmonary Tuberculosis	39
Non-Pulmonary Tuberculosis	22
Cases Isolated. Derbyshire Royal Infirmary	
Pneumonia	15
Enteric Fever	1
Erysipelas	1
Puerperal Fever	7
Puerperal Pyrexia	2
Cerebro Spinal Fever	2
Encephalitis Lethargica	1
Acute Polio-encephalitis	3
Acute Poliomyelitis	3
Diphtheria	1
Ophthalmia Neonatorum	4
Whooping Cough	1
Pulmonary Tuberculosis (Derby cases)	6
Non-pulmonary Tuberculosis (Derby cases)	11
Cases Isolated. Children's Hospital.	
Scarlet Fever	1
Pneumonia	7
Cerebro Spinal Fever	2
*Acute Poliomyelitis	6
Measles	1
Whooping Cough	1
Chicken Pox	1
Pulmonary Tuberculosis	1
Non-pulmonary Tuberculosis	7
* Including 2 cases transferred from Borough Isolation Hospital.	
Cases Isolated. Women's Hospital.	
Puerperal Pyrexia	32
Ophthalmia Neonatorum	1
Cases Isolated. Mental Hospital.	
Scarlet Fever	2
Pneumonia	1
Cases Isolated. Nightingale Nursing Home.	
Puerperal Pyrexia	2
Ophthalmia Neonatorum	5
Cases Isolated. Queen Mary Nursing Home.	
Puerperal Fever	1
Puerperal Pyrexia	4
Pneumonia	1
Cases Isolated. Hartington Street Nursing Home.	
Puerperal Pyrexia	1

Smallpox.

A suspected case of Variola minor living in the County but whose work was in a Derby factory was reported in February. Precautions were taken at the works and enquiries made of the patient as to movements. No Smallpox existed in the country.

Soon afterwards, a private doctor asked me to see an unvaccinated child in the town, who had a skin rash suspiciously like Smallpox at its onset. The history was vague, the rash typical in distribution, save the face, and the child had been indisposed. He was removed to hospital for safety ; contacts were vaccinated and the case reported. After 48 hours the condition subsided and was an example of a rare type of skin eruption associated with intestinal disturbance called Erythema Varioliformis.

Scarlet Fever.

From time to time papers are read at meetings of Public Health officials on the subject " What is Scarlet Fever ? " In last year's report considerable space was devoted to the diagnostic, epidemiological and administrative aspects of infections by hæmolytic streptococci. Under the Notification of Infectious Disease clauses of the Public Health Act, the classical clinical picture of infection producing disease symptoms with a *rash* must be notified, whereas many other manifestations of the presence of this disease-producing agent do not come to the notice of the Medical Officer of Health, and these in all probability include the major portion.

In temperate climates and urban populations this group of infections is now endemo-sporadic, there being a secular adaptation to pathogenic organisms which are always present, the Public Health official witnessing one portion only of the process of herd immunisation. Within certain limits the process is by analogy similar to that of *tuberculinisation*, and might be described as *scarlatinisation*.

Because the death rate from Scarlet Fever is now very low, it is sometimes considered that this infection is of relatively minor importance. On the other hand the annual incidence of infection throughout the country is very great, the cost of providing hospital treatment is equally so, and the sum total of family upset, expense for medical treatment, interference with education, and the disabilities, temporary or permanent which such infections produce are incalculable.

Human progress demands that there ought to be some alleviation, rather than a mere fatalistic attitude and admission that the process must go on unchecked. *It is eminently desirable that some attempt be made to make the process of re-action to this wide group of infections more comfortable and less costly.* That individual resistance to the graver effects of infection can be greatly augmented has been established by the premunisation of nurses in Fever Hospitals, and in many " local " experiments in orphanages and institutions. Amongst the child population of our great towns, this resistance is being developed naturally by exposure to sub-infective doses, as can be shown by the numbers who escape illness, and by the re-actions of different age groups to skin tests.

But at the younger end, exposure to infection may mean disease, not merely Scarlet Fever but a severe tonsillitis followed by rheumatism or heart disease, a nasopharyngeal infection leading to acute middle-ear disease and perhaps mastoiditis, a broncho-pneumonia following Measles, etc., etc. Many of the major disabilities of childhood, and especially deafness, are due in large part to these processes.

How therefore can we augment the resistance in the young, so that, when exposed to infection as perforce they will be, bodily response is more than adequate, illness is lessened, complications avoided, ear, nose and throat clinics less crowded, and the general level of community health raised ?

Nutrition will not help us very far, for such illnesses occur amongst the well to do ; it is too late to talk about overcrowding and 'spacing out,' for the people and their offspring love to assemble, for amusement at least, and will not be gainsaid.

Rather must it be in the provision as a public service of immunisation at an early age so that the young child enters upon its herd life with *a basal immunity already developed*—not sufficient, it may be, to prevent total illness, but more than adequate to prevent the manifold complications hæmolytic streptococci can produce.

Some authorities now offer this immunisation " to prevent Scarlet Fever " and combine the work with their Diphtheria Immunisation ; it would be better to promise less in words, for resistance can diminish, and the dose of infection may be too great ; but to offer good assurance that infection, should it occur, will produce little disturbance.

At what age should this immunisation be done ? Preferably during the second year of life. What will it accomplish ?

(*a*) We have the working experience that Fever Hospital nurses now escape illness, in nearly every case, since the adoption of immunisation.

(*b*) Immunised children can pass through a house epidemic, either unscathed, or with the mildest illness.

The Railway Servants' Orphanage provided a local example. Immunisation against 'Scarlet Fever' (and Diphtheria) was commenced on April 1st, 1930, following a serious outbreak of infection. The 225 to 240 children who live under the care of the R.S.O. committee are 'immunised' soon after they enter, and during the years many pass on for others to take their places. They have probably been exposed to infection, at times, when cases of Scarlet Fever have developed in their Elementary Schools ; but not in any great degree until 1937. During this epidemic, infection from school was introduced into the Orphanage, both by boys and girls, and began to spread as a house epidemic—most probably dormitory infection, at the end of November. A few of the older girls were isolated, more of the older boys, whose dormitories are more crowded. This happened by individual cases at short intervals, during a period of three months ; thirty-four children in all. Some had a fleeting rash and were not ill, others a tonsillitis of little consequence. Of the younger children three boys only were isolated.

In all probability many became carriers of infection for a time and all the children must have been exposed to infection, more or less. No bacteriological evidence was obtained, but that the infective process could produce Scarlet Fever was proven by the advent of two brothers, not immunised, who, within ten days of admission were both ill, one with sore throat and fever, the other removed to the Hospital with typical Scarlet Fever.

The children who were slightly ill had been immunised in different years —some eight years previously—the bulk three years or two years before, and a few in the same year.

Thus it can be argued that the length of time which had elapsed since immunisation was not very important—and the fact that 15% of them were not completely immune suggests that the immunising dose given was not quite adequate for all cases. The dosage given is small, and considerably less than is now advised by those most expert in the work.

The above experiment is conclusive—in all probability with an increased dosage it would have been perfectly successful. By contrast, in 1929, an epidemic of Scarlet Fever produced about 70 cases in the same Orphanage, and many more who had a less severe illness with a doubtful rash.

The Derby public have now begun to accept, even to ask for Diphtheria Immunisation ; it is reasonable to believe that they would be prepared to consider immunisation against Scarlet Fever. The results will not be dramatic —proof of exposure to infection will be less certain—but should this method be applied as a Public Health measure we may expect a definite reduction in total illness and therefore in public expenditure when the next epidemic of Scarlet Fever develops.

The epidemic reported in 1936 continued with less violence during 1937, but contrary to expectation, the number of persons infected began to increase shortly after re-assembly of Elementary school children in mid-August. This may be explained in part by the long continued dry weather, on the other hand the mildness of onset and great frequency of undiagnosed sore throats led to considerable carelessness on the part of parents in restricting the movements of their children and again it is necessary to stress the influence of crowding into Cinemas. From September, the disease was most widespread in the Osmaston and Alvaston Wards and around Firs Estate. These districts, with a minor focus in Derwent Ward, have continued to be infected well into the present year. The rapid increase in notifications soon led to congestion and then to overcrowding in the Isolation Hospital and ultimately to inability to admit many cases who perforce had to be nursed at home.

The conditions detailed in the 1936 report were repeated ; sore throats without rash and missed cases leading to infection of others, many consecutive cases in homes and several parents infected.

Widespread prevalence caused the usual accidental infection of patients in the General Hospitals, the Royal Infirmary being particularly unfortunate. During the year 18 cases were removed from the old congested Wards of the Ear, Nose and Throat department—these cases occurring in groups, and it is a pleasure to note that the new and commodious wards for this very important branch are approaching completion.

Last year I drew attention to the undue proportion of adolescents and adults affected, and suggested that, apart from direct exposure to infection at home or at work, many of these might be explained by crowding into cinemas, etc. During 1937 a similar proportion was maintained (viz. :— over 20%) amongst all cases occurring until the end of the summer holidays.

The conditions from Mid-August were different, from that time we were facing an extensive and rapidly increasing epidemic amongst Elementary school children, who provided 75% of the notified cases, so that after counting the numbers under school age the proportion of adults fell.

It is now our practice to make direct enquiry in every primary case as to recent attendance at the " Pictures." An undue proportion develop symptoms early in the week, as compared with Thursday and Friday. This was particularly significant in one area and suggested that infection had not been acquired during ordinary school contacts.

Of those who had recently visited a cinema (many go every Saturday) within the incubation period of the disease, the source of infection might have been the cinema in more than 100. During the autumn epidemic 88 scholars, and 14 adolescents and adults fulfilled the above conditions. Children often give information as to whether the cinema was full—and there is little doubt that these popular entertainments are very full. Parental responsibility during epidemics is often strangely lacking, and we have no power to prevent these matinees at such times.

Home Treated Cases.

As has been noted elsewhere, the number of these has been excessive, and considerable circumspection was needed to decide whether other children in the home might be allowed to attend school in two weeks. During the early part of the year these presented no difficulty, whereas in the autumn the risks to home and school by mild or missed infection were constantly in mind. During this period eight secondary cases occurred, whereas 35 children were allowed to return to school after 14 days exclusion, and 28 after three weeks only, because of home conditions or the intervention of school holidays.

We find no evidence in the detailed experience of such an epidemic that ' controlled ' return to school is harmful, but sufficient accidents occur and some caution is necessary. One feels that the immediate return to school of ' healthy contacts ' is too heroic a practice during an epidemic.

' Return ' Cases.

Considering the large number of cases treated in Hospital, the number of return cases was low, viz. :—13, and during the most congested period at the end of the year very few infecting cases came to notice. This may best be explained by the widespread local prevalence having prepared the homes to some extent, but mostly by the adoption of the rule of four weeks in Hospital, unless discharge was contra-indicated. The curtailing of retention by one week was essential to make room for others ; it is sound practice as to the bacteriological clearance of primary infecting strains in three to four weeks, and it has resulted in less than the usual proportion of return cases.

Diphtheria.

It is satisfactory to be able to report a decrease in the number of cases notified and of deaths from Diphtheria during the past year. It has been far otherwise in many parts of the County, where the disease has been very prevalent. From outside areas, sick children may be brought into Derby hospitals, no thought having been given to the possibility of Diphtheria, and such admissions often produce administrative difficulties in the hospitals concerned.

Attention is again drawn to the need for IMMEDIATE medical advice in ailments of children, and especially when there is anything wrong with the throat, or when breathing is difficult. Diphtheria is a disease which comes on with very slight symptoms, and the patients are always more seriously ill than they seem to the inexperienced. The antitoxin treatment of Diphtheria which is of such remarkable value when applied early, is of little use when several days have been wasted in the hope that domestic remedies may cure. Parents should keep Diphtheria always in mind and send for a doctor early when a child is poorly.

This advice is just as important when Diphtheria is not very prevalent, for experience teaches that it is at such times cases of delayed attention and the almost inevitable fatalities occur.

It is now generally recognised that even under modern social conditions **the only procedure which can effectively reduce the incidence of Diphtheria is the method of specific immunisation.** Even with sanitary measures which are adopted to-day, including isolation, the spread of air-borne communicable disease is not prevented. Were conditions even better than they are, and there undoubtedly have been great improvements during recent years, Diphtheria Immunisation Schemes would still be necessary. if the spread of the disease and mortality from Diphtheria is to be reduced to a minimum. Such schemes should be nation wide and available in all districts as a part of Child Welfare work, and the widest publicity given until every parent knew not only the cause but the antidote. An only child has just died from Diphtheria ; the mother listened to a lecture on how the disease might be prevented and desired to have her child immunised, **but the father refused.**

During 1937, many patients removed to the Isolation Hospital for observation were found to be suffering from other throat infections, and others diagnosed on a swab report were not true Diphtheria. There was an increase in the number of family groups, 12 showing multiple infections ; 5 families had two cases, 4 had three cases, whilst in one family 5 were infected and another, where visitation between two branches was common, had six—four at least being clinical. Many of these suggested grave laxity in the practice of precautionary isolation.

The number of adolescents and adults notified during the year was higher than ever, 42 as compared with 21 in 1936. The diagnosis was not confirmed in 9 of these, and two others were probably temporary carriers. Certain cases were also removed from the Royal Infirmary, organisms morphologically resembling Diphtheria having been found in their throats. Two others contracted the illness from their children, a nurse contracted whilst on duty, and a school teacher who was gravely ill, must have been infected in her class.

Two examples of the " gravis " strain came under observation, happily without fatal results.

Exceptionally there was one " return " case, the small brother of a boy with nasal infection who had been kept in Hospital for 19 weeks before it was considered safe to discharge him. The second (faucial) case occurred three weeks later, and the primary on re-swabbing was still carrying infection.

Deaths.

Diphtheria was included in the death certificates in 7 cases, one a stranger admitted to the Royal Infirmary with laryngeal Diphtheria. Three children died after delay in seeking treatment. One infant died from marasmus and broncho-pneumonia and probably never had Diphtheria. Two adults, a woman aged 67 succumbed to Diphtheria paralysis, whilst another who was sent to the Infirmary in coma, following attacks of vomiting, but no history of throat infection, was suspected to be diabetes, but the Coroner's certificate gave Diphtheria as the cause of death. Organisms morphologically resembling Diphtheria were found in the tonsils.

Diphtheria Prophylaxis.

Immunisation or pre-munisation means the introduction into the body of substances, harmless in themselves, which will so stimulate the body tissues to provide their own antidote to possible infection, so that should infection ever occur, the body responds and no disease follows. The amount of illness, domestic anxiety, public expense and especially loss of life due to Diphtheria, demand that the means of prevention offered by immunisation should be fully utilised.

This has passed beyond the experimental stage. Nearly **four thousand** children have been protected in Derby, and hundreds of thousands elsewhere. The proportion of the local school population so protected has now reached at least 16%, but is less in children under school age. From our experience as to its efficacy and the risks of young children entering crowds, in shops and stores, and being taken to the cinema, it is most desirable that they should be immunised **before** they attend school.

Following the reorganisation of the Child Welfare Services in the Borough, steps have been taken to develop the use of some of our Child Welfare Centres for occasional Immunisation Clinics.

During the past year the routine procedures detailed in previous reports have been continued, with meetings for parents, use of School Clinics, etc., and the response has been very satisfactory.

Further, prophylaxis is available for any parent who prefers that his child should be immunised by his medical attendant and the material can be obtained by the doctor on application to the Public Health Department.

The full activities of a busy year can be ascertained from the Tables.

Every case of suspected Diphtheria in an immunised child is given critical attention. It is satisfactory to note that whilst the numbers immunised increase year by year, there is no real failure, but additional proofs are furnished as to its reliability.

During 1937, four children who had given a previous negative Schick reaction were removed to Isolation Hospitals for observation following a report of bacteriological infection. Three of them turned out to be temporary carriers, whereas the fourth, a case of middle-ear disease, carried diphtheroids only. Two other children, immunised, but without Schick control, came under observation with tonsillitis, and one was found to be a temporary carrier.

DIPHTHERIA PROPHYLAXIS, 1937.

Use of Schick Test.

	No.	*Non-reactors.*	*Reactors.*	
School Teachers	1	1	—	
Scholars	62	28	34	
Re-tested after previous inoculation	301	294	7	2 very slight positive.

Administration of Prophylactic.

	Under 5 years.	5—15 *years.*	*Total.*
†Schick Reactors	—	28	28
Do. Teachers ...	—	—	—
†Inoculated without test	298*	356*	654
Commenced or completed †Inoculation at Isolation Hospital whilst recovering from Scarlet Fever	28	60+ 1 adult	89
			771

* 10 failed to complete the course.

† Including a proportion who will be completed in 1938.

Clinics, 1937.

These were held at the Central Office, at one Toddlers' Centre, and at various Elementary Schools, etc., by appointment.

Number of Sessions	186
First attendance of cases	718
Total number of attendances	2,435
Average attendance per session	13

A Table is provided giving an analysis according to age of the persons who have completed a full immunisation course since the inception of Diphtheria Prophylaxis :—

	Year of Birth.														
Year.	1937	1936	1935	'34	'33	'32	'31	1930	'29	'28	'27	'26	'25	'24—'19	Total.
1930	—	—	—	—	—	—	—	—	3	—	1	—	—	—	4
1931	—	—	—	—	—	—	10	16	14	13	19	16	16	45	149
1932	—	—	—	—	—	3	13	11	7	11	22	23	21	48	159
1933	—	—	—	—	1	20	23	28	30	54	39	35	24	52	306
1934	—	—	—	2	33	58	44	58	88	51	59	41	26	33	493
1935	—	—	2	69	78	80	101	138	151	159	111	73	46	51	1,059
1936	—	—	61	58	42	77	91	93	75	46	27	22	10	10	612
1937	1	56	60	63	59	116	103	103	42	35	12	10	2	6	668
Totals	1	56	123	192	213	354	385	447	410	369	290	220	145	245	3,450

Antitoxin.

Antitoxin was supplied gratuitously, as in previous years, to the medical men practising in Derby. During 1937, the following amounts were supplied—

7	phials	containing	2,000	units each.
5	,,	,,	4,000	,,
266	,,	,,	8,000	,,

Enteric Fever.

Milk-borne and water-borne infections have produced very serious epidemics in other parts of the country, therefore every case of suspected enteric fever requires full investigation and is better isolated in hospital.

In March last a man of 65 died in the Royal Infirmary. The cause of death was certified " Peritonitis ; perforation of small bowel, typhoid ulceration of bowel, post-operative asthenia." This man had long been under treatment by medical practitioners for enlarged prostate, catheterisation, etc., but had not been seen for a few weeks. He walked to the Infirmary because of retention of urine, and was taken into hospital for urgent cystotomy. During the operation perforative peritonitis was discovered. There had been no history of any diarrhoeal infection. Post-mortem report stated (?) typhoid ulceration. The House Surgeon who treated the case had since left the district. This death has been included under Typhoid in the Registrar-General's returns.

Five cases were notified during the year, four males and one female. Four were diagnosed as Typhoid fever, and no clear history could be obtained of the source of infection in any one of them. The first, a female factory worker, became ill in April and was sent to hospital as a case of appendicitis, diagnosed later as Typhoid with a high agglutination titre. Her recovery was satisfactory. Three others, males, all ex-service men who had been immunised in the Army, became ill in August, November and December respectively. Two were mild cases with pyrexia, and an augmenting agglutination, but negative blood culture. The third was gravely ill from the onset and died in eight days from septicaemia—blood culture and agglutination being positive to Typhoid.

A business man returned from a Mediterranean cruise, reported that about 200 passengers were affected by diarrhoea whilst at Naples or after leaving that port. He had suffered from colic and was not well on his return to England. His condition was never serious, but a diagnosis became possible when his blood was found to agglutinate Paratyphosus A at 1 in 320 dilution. He made an uninterrupted recovery.

Dysentery.

One of the ex-service men isolated in the City Hospital as Typhoid fever, when examined for hospital discharge was found to have some Flexner organisms in his stools. No symptoms had occurred, and the next examination was satisfactory.

Two children from the local Barracks (married quarters) were notified as suffering from Flexner infection in December. A soldier's wife with an infant of two years had returned by Army transport from Bermuda, landed at Liverpool and travelled to Derby where she stayed one night with a soldier's family, then departed. Her infant, suffering from Diarrhoea, was put to bed with the local children, and soiled the bed. This exposure was followed by diarrhoea for one day in two of the children whilst two others developed bloody stools, and were removed to hospital where the infection was diagnosed. Recovery was rapid. The mother and "offending" infant could not be traced.

Acute Anterior Poliomyelitis.

Acute Anterior Poliomyelitis, the disease which produces 'infantile' paralysis, is generally more prevalent in the summer. This infection, when introduced into an 'unsalted' community may become epidemic and attack adults as well as children. Very serious epidemics have occurred recently in parts of Canada, Australia and New Zealand, whereas in England, even when the virus is more prevalent, the number of cases notified is small.

Contrary to all past experience, Derby had a series of cases in September and of sufficient importance to warrant a warning circular to medical practitioners. More cases than usual were notified throughout the country, especially so in London and the Home Counties with cases developing at seaside resorts. The worst appeared to be over by mid-October.

Ten cases were notified (two strangers) from various hospitals ; one turned out to be a case of tuberculous meningitis. The nine cases, eight being young children, all recovered from the primary attack and those resident in Derby have been followed up to ascertain whether they were under treatment for any residual paralysis.

There was no evidence forthcoming of any local spread, nor of abortive cases ; no contact with other cases, and they resided in different parts of the town. The adult had been away at the seaside but had been home longer than any possible incubation period. All cases save one occurred in September.

During the same period, three fatal cases of polio-encephalitis occurred, two adults and one child. In each case the encephalitis was thought to be encephalitis lethargica, but each died after epileptiform convulsions and hyperpyrexia, and post-mortem examinations of the brains confirmed the diagnosis of polio-encephalitis.

The case of J.F. (F. 6) was almost unique and is worth recording in detail. This girl, then aged five years, attended an Elementary School and was a bright child. During a school epidemic she contracted *Measles*, was under medical treatment and her rash developed on March 11th. Five days later she became worse, was seen by her doctor and removed to the Isolation Hospital on March 17th suffering from *Measles Encephalitis.* There she remained until June 25th. At first and for a considerable period she was critically ill, with little response to external stimuli. Following a long period of lethargy she seemed to change suddenly, motor and sensory control developed and she was awake, then recovered fairly rapidly.

At home she was running about, and when she returned to school about August 15th, the teacher noted a slight stammer, with maybe a smirk, but these receded—she picked up at work and was bright and making progress. No change in disposition was observed. She continued regularly to attend school, when, on the morning of October 22nd she was pale—did her sums wrong, complained of headache, was obviously ill and was sent home. At noon the headmistress called and the child was gravely ill, had a fit with left-sided twitching, followed by paralysis and coma. She was removed to the Royal Infirmary and died the same night in hyperpyrexia.

The brain showed no lesions suggestive of previous encephalitis, but such as occur in *acute polio-encephalitis.*

Encephalitis Lethargica.

One fatal case was notified from the Derbyshire Royal Infirmary in January. It is of interest to note that this occurred during an Influenza epidemic, which conjunction of circumstances is not infrequent.

Four cases died from the sequalae of this infection, acquired in the past.

Cerebro Spinal Meningitis.

Four cases were notified during the year from local hospitals, two of which recovered.

OPHTHALMIA NEONATORUM.

Cases notified	39

18 of the cases were males and 21 females.

Cases.			*Vision unimpaired.*	*Vision impaired.*	*Total Blindness.*	*Deaths.*
Notified.	*Treated.*					
	At Home.	*In Boro' Hospitals.*				
39	*31	†8	‡39	—	—	—

* Included in this number are 4 cases treated at the Derbyshire Royal Infirmary and 5 at the Children's Hospital as Out-patients.

† In-patients of City Hospital (3), Derbyshire Royal Infirmary (4), Women's Hospital (1).

‡ Three cases left Derby before the end of the year and could not be visited in 1938. At the time of the last visit, in 1937, the eyes were reported as clear.

The number of cases notified was 12 more than in 1936.

Vaccination of Infants during 1937.

Total number of births	2,746
Children under 12 months died un-vaccinated	192
Insusceptible	2
Postponed	28
Successful	274
Conscientious objection certificates	2,024

Disinfection and Disinfestation.

The following summary shows particulars of disinfections and disinfestations carried out during the year :—

After Infectious Diseases.	
Rooms Disinfected	774
Clothing (Midwives), etc. (instances)	46
Others (including Cancer, Verminous conditions, etc., Disinfection only carried out by request).	
Rooms Disinfected	12
Bedding, Clothing, etc. (instances)	28

In addition, all library books from infected houses are brought to the Health Office for disinfection, and are returned to the Public and other Libraries after this has been carried out.

Epidemic Influenza.

Medical research workers established as a fact in 1933 that Influenza, as long suspected, was produced by a filterable virus. Of outstanding importance, this discovery may lead to some practical measures of serum treatment, and specific prophylaxis, but we must be prepared for disappointments. The latest news is that the strain of virus found in the 1937 epidemic is not the same as the one which played havoc in 1933.

Following its known periodicity, Influenza increased in prevalence in December, 1936, and assumed epidemic proportions with all the factors for its dispersal at their best, by crowdings for Christmas shopping and entertainments and widespread travel. The Midlands were infected after London and the South, and the peak of infection for the whole country was reached in mid-January. Speaking generally, the type was catarrhal, easily recognisable, and not severe, but the excessive prevalence led to heavy mortality during the first quarter of 1937.

The number of deaths in England and Wales in which Influenza was mentioned as a cause totalled 15,649 for the quarter, with 71 deaths in Derby.

Locally, deaths from Pneumonia increased in number and heavy burdens were placed on the general hospitals, with risks to and considerable infection amongst the nursing staffs. There was a greater call for home nurses during the period, and nursing aid was provided by the Public Health Department in 21 cases, of which number 16 recovered. The worst was over by the end of March.

Measles.

The story of this malady during 1937 is essentially a continuation of a previous narration, infection being left from school outbreaks in two quarters of the town and continuing throughout the Christmas break. The Pantomime is a great mixer for town and country ; early in January it was known that Measles was present in Littleover, Mackworth, Darley, etc.

Re-infection of the Pear Tree district occurred in February, cases from one school certainly attended a cinema matinee from which could be traced crops of fresh infection in **six** other Infants' Departments. Spread to new schools and new cinemas followed in due course ; the Department and Health Visitors had to work at full pressure, for in May we dealt with 620 cases, and over 500 in June.

During this period Whitsuntide treats and Coronation teas helped in the mixing process, new areas being brought under infection ; most of the private schools were involved, and the epidemic lasted over the summer holidays to re-infect certain schools in September. From Derwent Ward back again to the centre was an easy step ; again in November a certain Saturday afternoon at a cinema was a focus of infection which showed its results in three cases under school age and in the nursery classes or newly admitted infants in **5 schools** in Friar Gate and King's Mead Wards. Thus, by Christmas, Measles was again prevalent. Certain head teachers were advised not to admit new children who had not yet contracted Measles until the region was clear. The epidemic continued into 1938 and will form a fresh chapter.

The total notifications for the year approximated 2,300, many serious cases were admitted to hospital, and there were three deaths in young children —in one case the parents had refused hospitalisation, a second had been taken whilst ill to a hospital out-patient department instead of calling in a doctor. How many deaths would such an epidemic have produced a generation ago ?

Infection cannot be excluded from the children's wards of general hospitals. Where such have occurred, the use of Immune Globulin either to prevent or modify infection has been tried, both at the City and Children's Hospitals, with some success. It has also been provided to modify the course of Measles in one child, recently recovered from Broncho-pneumonia, with good results.

Rubella.

Many so notified were probably Measles ; two or three were infected when away from home, and two small outbreaks which caused little trouble occurred during the spring.

Whooping Cough.

This disease remained at about the same level as in 1936. Approximately 515 cases came under observation of the Health Visitors and School nurses, and there were 8 deaths. As far as our supply of cubicle beds would allow, serious cases were removed to the Isolation Hospital, 55 children being so isolated. The disease was most prevalent in the Easter term, less so in Autumn and the year finished with few cases under observation.

Following past experience with vaccines in the treatment and prophylaxis of this distressing malady, it had been suggested to the Honorary Physicians of the Children's Hospital that at the special Whooping Cough Clinic held thereat, vaccines might be employed to shorten the malady and perhaps to stop development of infection in other children. This has been done since April last, the Health Department furnishing the material.

The experience may prove of value, but cannot be conclusive until a serious type of infection is prevalent.

Epidemic Jaundice.

That type of hepatitis which produces variable jaundice and which seems to be infective from child to child is no longer rare. A few cases came under notice during 1937, mostly sporadic, but in the late autumn I learned from one Medical Practitioner that he was meeting with several cases in one district. In January, 1938, cases began to turn up at various School Clinics, and it would appear that this infection is becoming endemic.

CANCER.

The recorded deaths from various types of malignant disease show a decrease in number as compared with 1936, viz. :—203 (215).

The table shows the deaths by age distribution :—

Age	25-44 *years.*		45-64 *years.*		65-74 *years.*		75 *years & upwards.*		*All Ages.*		
Sex	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*Both Sexes.*
Deaths from Cancer ...	7	8	40	48	36	35	16	11	100	103	203

VENEREAL DISEASES. FORM V.D. (R). (Revised).

RETURN relating to all persons who were treated at the Treatment Centre at Royal Infirmary, Derby, during the year ended 31st December, 1937.

	Syphilis		Soft Chancre		Gonorrhœa		Conditions other than Venereal.		TOTAL.		TOTALS.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1 Number of cases on 1st January under treatment or observation ...	219	171	1	—	172	99	36	21	428	291	719
2 Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	13	4	—	—	1	2	—	—	14	6	20
3 Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from:—											
Syphilis, primary	5	2	—	—	—	—	—	—	5	2	7
„ secondary	20	12	—	—	—	—	—	—	20	12	32
„ latent in 1st year of infection*	—	7	—	—	—	—	—	—	—	7	7
„ all later stages ...	19	16	—	—	—	—	—	—	19	16	35
„ congenital	12	8	—	—	—	—	—	—	12	8	20
Soft Chancre	—	—	—	1	—	—	—	—	—	1	1
Gonorrhœa—											
1st year of infection ...	—	—	—	—	200	35	—	—	200	35	235
later...	—	—	—	—	7	1	—	—	7	1	8
Conditions other than venereal...	—	—	—	—	—	—	147	63	147	63	210
4 Number of cases dealt with for the first time during the year under report known to have received treatment for the same infection, or to have been under observation, at other Centres	4	—	—	—	29	—	—	—	33	—	33
TOTALS OF ITEMS 1, 2, 3 AND 4...	292	220	1	1	409	137	183	84	885	442	1327
5 Number of cases discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal	44	19	1	—	134	31	141	59	320	109	429
6 Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from:—											
Syphilis, primary...	3	—	—	—	—	—	—	—	3	—	3
„ secondary	22	17	—	—	—	—	—	—	22	17	39
„ latent in 1st year of infection*	—	—	—	—	—	—	—	—	—	—	—
„ all later stages ...	9	16	—	—	—	—	—	—	9	16	25
„ congenital	5	9	—	—	—	—	—	—	5	9	14
Soft Chancre	—	—	—	—	—	—	—	—	—	—	—
Gonorrhoea—											
1st year of infection ...	—	—	—	—	53	18	—	—	53	18	71
later	—	—	—	—	1	1	—	—	1	1	2
7 Number of cases which ceased to attend after completion of treatment, but before final tests of cure ...	8	3	—	—	6	8	—	—	14	11	25
8 Number of cases transferred to other centres or to institutions, or to care of private practitioners...	9	3	—	—	41	5	—	—	50	8	58
9 Number of cases remaining under treatment or observation on 31st December	192	153	—	1	174	74	42	25	408	253	661
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 (These totals should agree with those of Items 1, 2, 3 and 4)	292	220	1	1	409	137	183	84	885	442	1327

FORM V.D. (R).—*continued.*

	Syphilis.		Soft Chancre.		Gonorrhœa		Conditions other than Venereal.		TOTAL.		TOTALS.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
10 Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—											
Syphilis, primary	—	—	—	—	—	—	—	—	—	—	—
,, secondary	6	2	—	—	—	—	—	—	6	2	8
,, latent in 1st year of infection* ...	—	—	—	—	—	—	—	—	—	—	—
,, all later stages ...	1	3	—	—	—	—	—	—	1	3	4
,, congenital	—	2	—	—	—	—	—	—	—	2	2
11 Number of attendances :—											
(*a*) for individual attention of the Medical Officers	2983	2113	2	6	4177	729	589	155	7751	3003	10754
(*b*) for intermediate treatment, e.g., irrigation, dressing ...	159	—	—	—	12757	2108	344	12	13260	2120	15380
TOTAL ATTENDANCES ...	3142	2113	2	6	16934	2837	933	167	21011	5123	26134
12 In-patients :—											
(*a*) Total number of persons admitted for treatment during the year	1	1	—	1	9	5	—	1	10	8	18
(*b*) Aggregate number of "in-patient days" of treatment given	2	1	—	8	107	137	—	11	109	157	266

	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
13 Number of cases of congenital syphilis in Item 3 above classified according to age periods	5	1	2	—	2	4	3	3	12	8

	Arsenical.		Mercury	Bismuth
	Approved Arsenobenzene Compounds	Others.		
14 (*a*) Names of chief preparations used in the treatment of Syphilis :—	Novarsenobillon Sulfarseñal	Acetylarsan Trypar-samide Orarsan	Hg. c̄ cret.	Neo-Cardyl
(*b*) Total number of injections given (out-patients and in-patients)	1439	1030	—	1869

FORM V.D. (R).—*continued.*

	Microscopical		Cultural for Gonorrhœa	Serum		Cerebro-spinal fluid	Others for diagnosis of Venereal Disease
	for Syphilis	for Gonorrhœa		for Syphilis	for Gonorrhœa		
15 **Pathological Work** :—							
(*a*) Number of specimens examined at, and by the medical officer, of the treatment centre ...	54	1551	—	—	—	—	—
(*b*) Number of specimens from patients attending at the treatment centre sent for examination to an approved laboratory ...	—	—	—	998	—	3	—

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Derby Borough.	Derby County.	Staffs. County	Leicester County.	Notts. County.	TOTAL.
A. Number of cases from each area included under the following headings in Item 3 :—						
Syphilis	53	43	5	—	—	101
Soft Chancre	—	1	—	—	—	1
Gonorrhœa	151	91	1	—	—	243
Conditions other than venereal	103	102	—	5	—	210
TOTAL	307	237	6	5	—	555
B. Total number of attendances of all patients residing in each area	18074	7792	142	99	27	26134
C. Aggregate number of " In-patient days " of all patients residing in each area	185	70	11	—	—	266

*"Syphilis latent in first year of infection," applies to cases presenting no clinical sign of syphilis but discovered (by blood test, etc.) to have contracted this disease within the preceding 12 months.

17th January, 1938.

(Signed) H. R. MORGAN RICHARDS,
M.O. i/c V.D. Clinic.

V.--TUBERCULOSIS.

REPORT BY

DR. W. H. WRAY, Tuberculosis Medical Officer.

The work in connection with the Tuberculosis Clinic, as a centre for diagnosis and recommendations for treatment, controlled by the Examining Officer (the Tuberculosis Medical Officer), has progressed satisfactorily during the year. The facilities provided by the new premises are appreciated not only by the staff but also by the patients, and it is hoped that with further modification of the room spaces the comfort of the patients will be added to. The Orthopaedic Clinic and the Dental Inspection Clinic have proceeded smoothly and been well attended.

The notifications of pulmonary and non-pulmonary cases shew declines and the number of deaths from pulmonary and non-pulmonary tuberculosis shew a decrease. The Tuberculous Meningitis deaths have decreased also. It is to be hoped that this, the type of tuberculosis most deadly, will continue to decrease, as it is the one form of tuberculous disease in particular for which nothing can be done ; and it would appear to be caused in many cases by a member of the family who suffers from pulmonary tuberculosis without appreciating his or her disability, in fact a form of " Carrier."

The actual number of cases not notified previous to death is two less, but owing to the fall in the total number of deaths the percentage remains unchanged.

Notifications.—The notifications of tuberculosis, both pulmonary and non-pulmonary, show a decrease from the number notified in the previous year.

	1937.	*Comparison with* 1936.
Pulmonary Tuberculosis	90	122
Non-pulmonary Tuberculosis ...	26	35
Total ...	116	157

The Non-pulmonary cases notified in 1937 consisted of :—

Tuberculous Cervical Glands	9	Tuberculous Femur	1
,, Meningitis ...	6	,, Epididymitis ...	1
,, Peritonitis ...	3	,, Ulcer of Leg ...	1
,, Hip	2	Miliary Tuberculosis	1
,, Kidney	2		

Deaths.—The deaths from both pulmonary and non-pulmonary tuberculosis show a slight decrease in 1937.

	1937.	*Comparison with* 1936.
Pulmonary	77	80
Non-pulmonary	11	13
Total ...	88	93

The eleven deaths from Non-pulmonary Tuberculosis in 1937 were certified as being due to :—

Tuberculous Meningitis	7 instances.
Abdominal Tuberculosis	3 ,,
Miliary Tuberculosis	1 instance.

10·4% of the deaths from Pulmonary Tuberculosis occurred previous to notification. 54·5% of the deaths of the Non-pulmonary Tuberculosis cases (6 of the total 11) occurred previous to notification. 54·5% of the deaths from Pulmonary Tuberculosis occurred within two years of notification (including those not notified previous to death).

Contacts.—The smaller family of to-day necessarily reflects itself in the number of contacts, therefore, the number of contacts examined is gradually becoming smaller. Another factor is that the large proportion of cases presenting themselves who come within the 35-50 age group reduces available contacts, as the members of the family have usually moved away from the home, often to outside areas.

X-Ray Work.—This work has increased very greatly during the year, and as it is all carried out by the staff has involved a great amount of time and labour ; indeed, more often than not, overtime. It is usual for a specially appointed officer to do this work, and I can at least indulge in the hope that the efforts of the staff, and the economy effected, are fully appreciated.

Surgical Tuberculosis.—The inductions of Artificial Pneumothorax and the carrying out of refills as one of the forms of treatment for specially selected patients suffering from early Pulmonary Tuberculosis may be thought to be an assistance, but as this Minor Thoracic Surgical operation so often leads to the urgent necessity for other operations of an expert Thoracic Surgical nature it may be felt that it is not *honest* or *just to the patient* to raise his hopes by beginning some form of adjunctive treatment (i.e., Artificial Pneumothorax) without being able to have the services of an expert surgeon in order that, at least, an effort may be made to obtain a satisfactory end-result. In this age of avidity for figures, some of us do try to keep the welfare of the individual patient in the foreground, and to maintain this attitude the facilities of the Authority's Hospitals, and the surgical services of the resident and non-resident Staffs should be easily accessible.

Family History.—This very important part of case recording has been persued. It was found that 31 of the 90 notifications of pulmonary tuberculosis (34.4%) and 6 of the 26 non-pulmonary tuberculosis cases (23.1%) came from tuberculous families. In addition, 9 others gave a history of other respiratory diseases in members of the family. The " x " factor—resistance, is in my opinion the most important of all in the summing up, or prognosis.

My observations lead me to believe that what I call affinity is largely developed in the tuberculous, so we get a very considerable degree of intermarriage in families in which there is a tuberculosis history. There does not appear to be a high birth rate resulting from these unions.

Nurses' Visits.—The number of visits to the houses of the patients paid by the nurses was 2,877 (excluding unsuccessful visits).

Housing Conditions.—In the homes of 16 of the notified cases (13·8%) there were two or more families ; the percentage in 1925 was 16·5 and in 1928 9·2.

54·7% of the patients notified had completely separate sleeping accommodation ; the percentage in 1925 was 31·7 and in 1928 was 36·9.

Tuberculosis Clinic.

Number of Clinics held	231
Total number of Attendances	4,210
Number of new Patients examined ...	503
Number of Contacts examined	234

Four of the contacts were found to be suffering from active Tuberculosis.

Open-air shelters were loaned to 19 patients during the year.

Ancillary treatment, in the form of a daily supply of milk, was granted to 40 patients during the year.

Disinfections, etc.—During the year 1937, 130 houses were disinfected after death or removal of Tuberculous patients. 996 bottles of disinfectant fluid and 1,092 supplies of paper handkerchiefs were given out from the Tuberculosis Clinic.

School Children.—The number of school children examined (288) includes observation cases and contacts.

Number of school children notified in 1937 ...	15
Pulmonary Tuberculosis	4
Other forms of Tuberculosis	11

The Non-Pulmonary cases were notified as :—

Tuberculosis of Cervical Glands	5	Tuberculosis of Femur ...	1
Tuberculosis of Meninges ...	3	Tuberculosis of Hip	1
Abdominal Tuberculosis ...	1		

The number of school children admitted to the Borough Sanatorium was seven, and the number discharged was eleven, their average stay in the Institution being 224.3 days. There were no deaths of school children in the Sanatorium during the year.

Forty-six school children were excluded from school for varying periods.

Borough Sanatorium.

Number of patients admitted	116
,, ,, discharged	79
,, ,, died	26

The average stay of the patients discharged was 152·5 days, and for the patients who died 80·2 days.

TUBERCULOSIS.

Form T. 137

PUBLIC HEALTH (Tuberculosis) REGULATIONS, 1930.

Tuberculosis Notifications—1st January, 1937, to 31st December, 1937.

		FORMAL NOTIFICATIONS.												
		Primary Notifications.												Total Notifications (including cases previously notified).
		0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and up-w'ds.	Total	
Pulmonary,	Males ...	...	...	...	1	...	4	10	12	13	5	2	47	66
,,	Females	...	...	1	3	3	4	10	6	3	2	...	32	35
Non.Pulm.	Males ...	...	3	2	1	1	1	1	...	...	...	...	9	21
,,	Females	...	...	6	...	1	1	...	1	1	1	...	11	14

Part II.

Supplemental Return shewing new cases of Tuberculosis discovered otherwise than by formal notification, for above-named period :—

		0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and up-w'ds.	Total
Pulmonary,	Males ...	...	...	...	...	...	1	4	...	2	2	...	9
,,	Females	...	...	...	...	...	...	1	...	...	1	...	2
Non.Pulm.	Males ...	...	...	...	1	...	...	1	...	...	...	...	2
,,	Females	...	1	1	...	1	...	1	...	...	...	...	4

Sources of Information of "Supplemental Return" Cases.		
	Number of Cases.	
Death Returns—	Pulmonary	Non-Pulmonary
Local	5	4
Reg. Gnl. ...	—	1
Inward Transfers	3	—
Other Sources (Posthumous)...	3	1

Part III.

NOTIFICATION REGISTER.

	Pulmonary.			Non-Pulmonary			
	Males	Females	Total	Males	Females	Total	Total Cases.
Number of cases of Tuberculosis remaining at the 31st December, 1937, on the Register of notifications kept by the Medical Officer of Health of the County Borough	238	165	403	46	28	74	477
Number of cases *removed* from the Register during the year by reason *inter alia* of :—							
1. Withdrawal of notification	—	—	—	1	—	1	1
2. Recovery from the disease...	10	8	18	11	1	12	30
3. Death (all causes)	55	31	86	4	7	11	97
4. Otherwise	21	8	29	4	5	9	38

TUBERCULOSIS SCHEME OF THE DERBY COUNTY BOROUGH COUNCIL.

TABLE 1.—Return showing the work of the Dispensary during the year 1937.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GR'N TOTA
	Adults.		Children		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts):—													
(*a*) Definitely tuberculous ...	43	18	1	2	3	4	7	5	46	22	8	7	8
*(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	—	3	1	8	1
(*c*) Non-tuberculous ...	—	—	—	—	—	—	—	—	108	78	59	53	29
B.—CONTACTS examined during the year :—													
(*a*) Definitely tuberculous ...	1	3	—	—	—	—	—	—	1	3	—	—	
*(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	—	1	—	1	
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	43	60	59	66	22
C.—CASES written off the Dispensary Register as													
(*a*) Recovered	9	6	1	1	6	1	5	—	15	7	6	1	2
(*b*) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as Tuberculous)	—	—	—	—	—	—	—	—	154	138	124	124	54
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—													
(*a*) Diagnosis completed ...	200	119	26	24	15	11	26	15	215	130	52	39	43
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	—	4	1	9	1

* i.e., remaining undiagnosed on 31st December.

1. Number of persons on Dispensary Register on January 1st...	488	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	16
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	37	4. Cases written off during the year as Dead (all causes)	75
5. Number of attendances at the Dispensary (including Contacts)	4210	6. Number of Insured Persons under Domiciliary Treatment on the 31st December	155
7. Number of consultations with medical practitioners :— (*a*) Personal (*b*) Otherwise	 72 559	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	119
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	2877	10. Number of (*a*) Specimens of sputum, &c., examined (*b*) X-ray examinations made in connection with Dispensary work (Sputum, etc., examined for other purposes)	 893 845 1238
11. Number of "Recovered" cases restored to Dispensary Register and included in A (*a*) and A (*b*) above	4	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	265

Section B.

Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment) :—

Provided by the Council	... ...	One.
Provided by Voluntary Bodies	... ...	Nil.

Section C.

Number of beds available for the treatment of Tuberculosis on the 31st December in Institutions belonging to the Council :—

Name of Institution	For Pulmonary Cases		For Non-Pulmonary Cases		Total.
	Adults	Children under 15	Adults	Children under 15	
Derby Borough Tuberculosis Sanatorium	42	24	Nil specified. 6 cases can be admitted	Nil specified. 4 cases can be admitted	66*
City Hospital, Derby	20 male (no specified accommodation for females or children. Transferred to Sanatorium if possible. Temporary accommodation in side wards here).		Accommodation provided as required, without any difficulty, also extensive balcony accommodation.		—

*This figure does not include 14 beds in Shelters, which can be used for the summer months

Section D.

Return showing the Extent of Residential Treatment and observation during the year in Institutions (other than Poor Law Institutions) approved for the Treatment of Tuberculosis :—

		In Instit't'ns on Jan. 1	Admitted during the year.	Discharged during the year.	Died in the Instit't'ns	In Instit't'ns on Dec. 31
Number of doubtfully tuberculous cases admitted for ob-observation.	Adult Males ...	4	17	20	1	—
	Adult Females	—	12	8	—	4
	Children ...	8	10	8	—	10
	Total ...	12	39	36	1	14
Number of patients suffering from Pulmonary Tuberculosis.	Adult Males ...	23	84	59	22	26
	Adult Females	15	32	23	12	12
	Children ...	6	4	7	1	2
	Total ...	44	120	89	35	40
Number of patients suffering from Non-Pulmonary Tuberculosis.	Adult Males ...	5	8	8	—	5
	Adult Females	1	4	3	—	2
	Children ...	7	16	13	2	8
	Total ...	13	28	24	2	15
GRAND TOTAL		69	187	149	38	69

Section E.

Return showing the Extent of Residential Treatment provided during the year in Poor Law Institutions for persons chargeable to the Council :—

Nil.

Section F.

Return showing the Results of Observation of Doubtfully Tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis :—

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis						Totals.		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	1	2	1	3	—	1	—	—	—	—	—	—	4	2	2
Non-Tuberculous	7	1	—	8	5	6	—	—	—	—	—	—	15	6	6
Doubtful ...	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Totals ...	9	3	1	11	5	7	—	—	—	—	—	—	20	8	8
Died	—	—	—	1*	—	—	—	—	—	—	—	—	1	—	—

*Death certified as:—" Bronchiectasis, lung abscess, empyema, sub-phrenic abscess, cardiac failure as a result of war service."

Section G.—Return showing the immediate results of treatment of Definitely Tuberculous patients during the year from Institutions approved for the treatment of Tuberculosis:—

	Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Totals.			Grand Totals.
			Under 3 m'ths but exceeding 28 days.			3—6 months.			6—12 months.			More than 12 months.						
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	2	—	—	2	—	2	—	—	1	—	—	1	4	—	4	8
		Not quiescent	2	—	—	1	—	—	—	—	—	—	—	—	3	—	—	3
		Died in Institution	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
	Class T.B.plus. Group 1.	Quiescent	2	—	—	3	1	2	2	4	—	—	—	—	7	5	2	14
		Not quiescent	3	—	—	1	—	—	—	—	—	—	—	—	4	—	—	4
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B.plus. Group 2.	Quiescent	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1
		Not quiescent	12	5	—	7	2	—	4	2	—	4	3	—	27	12	—	39
		Died in Institution	—	—	—	—	2	—	1	—	—	1	—	—	2	2	—	4
	Class T.B.plus. Group 3.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent	3	—	—	—	1	—	—	1	—	1	—	—	4	2	—	6
		Died in Institution	3	5	—	1	1	—	1	—	—	—	—	—	5	6	—	11
		Totals (Pulmonary)	27	10	1	15	8	4	8	7	1	6	3	1	56	28	7	91
NON-PULMONARY TUBERCULOSIS.	Bones & Joints.	Quiescent	—	—	—	1	—	—	—	—	3	1	—	—	2	—	3	5
		Not quiescent	—	—	3	—	—	—	—	—	—	—	—	1	—	—	4	4
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal.	Quiescent	—	—	1	—	—	1	—	—	—	—	—	—	—	—	2	2
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent	2	1	—	—	—	—	1	—	—	—	—	—	3	1	—	4
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral Glands.	Quiescent	—	1	1	—	1	—	—	—	—	—	—	—	—	2	1	3
		Not quiescent	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Totals (non-Pulmonary)	2	2	6	1	1	1	1	—	3	1	—	1	5	3	11	19

PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (*a*) the condition at the end of 1937 of all patients remaining on the Dispensary Register; and (*b*) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

	Condition at the time of the last record made during the year to which the return relates.		Previous to 1927					1927.					1928.					1929.					1930.					1931.				
				ClassT.B. plus.					ClassT.B.+					ClassT.B.+					ClassT.B.+					ClassT.B.+					ClassT.B.+		
			Class T.B. minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B minus.	Group 1.	Group 2.	Group 3.	Total(ClassT.B.+)	Class T.B. minus.	Group 1.	Group 2.	Group 3.	Total(ClassT.B.+)	Class T.B. minus.	Group 1.	Group 2.	Group 3.	Total(ClassT.B.+)	Class T.B. minus.	Group 1.	Group 2.	Group 3.	Total(ClassT.B.+)	Class T.B. minus.	Group 1.	Group 2.	Group 3.	Total(ClassT.B.+)
(*a*) Remaining on Dispensary Register on 31st Dec.	Disease arrested	Adults M.	—	2	2	–	4	–	–	–	–	–	–	1	1	–	2	–	–	1	–	1	5	1	3	–	4	1	–	3	–	3
		,, F.	—	1	1	–	2	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–	2	1	1	–	2	2	2	1	–	3
		Children	—	—	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	14	–	–	–	–	2	1	–	–	1
	Disease not Arrested	Adults M.	—	1	–	1	2	–	1	–	–	1	–	1	2	–	3	–	1	1	–	2	–	1	2	–	3	–	1	7	–	8
		,, F.	—	1	1	–	2	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
		Children	—	—	1	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–
	Condition not ascertained during the year ...		—	—	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Total on Dispensary Register at 31st December		—	5	5	1	11	1	1	1	–	2	–	2	3	–	5	2	2	2	–	4	21	3	6	–	9	5	4	12	–	16
(*b*) Not now on Dispensary Register and reasons for removal therefrom	Discharged as Recovered	Adults M.	272	158	31	1	190	19	3	2	–	5	10	3	4	–	7	7	1	1	–	2	10	–	–	–	–	2	3	–	–	3
		,, F.	242	65	15	–	80	12	3	4	–	7	19	2	1	1	4	10	1	3	–	4	7	1	–	–	1	–	1	–	–	1
		Children	493	64	5	–	69	21	–	–	–	–	21	2	–	–	2	13	–	–	–	–	22	–	–	–	–	–	–	–	–	–
	Lost sight of, or otherwise removed from Dispensary Register ...		493	144	60	22	226	15	2	4	–	6	17	1	7	1	9	22	4	3	1	8	18	8	9	1	18	5	3	7	–	10
	Dead ...	Adults M.	231	46	132	224	402	4	3	16	8	27	6	4	15	11	30	2	10	18	13	41	1	7	23	9	39	–	7	24	6	37
		,, F.	164	22	48	111	181	4	1	9	10	20	4	5	10	8	23	1	6	16	4	26	–	3	9	5	17	–	6	9	2	17
		Children	41	11	7	10	28	–	2	–	--	2	–	1	–	–	1	–	–	1	1	2	–	–	–	–	–	–	–	1	–	1
	Total written off Dispensary Register ...		1936	510	298	368	1176	75	14	35	18	67	77	18	37	21	76	55	22	42	19	83	58	19	41	15	75	7	20	41	8	69
	Grand Totals		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

			1932.					1933.					1934.					1935.					1936.					1937.				
(*a*) Remaining on Dispensary Register on 31st Dec.	Disease arrested	Adults M.	1	10	2	–	12	2	4	3	–	7	6	3	5	–	8	13	2	4	–	6	–	–	–	–	–	–	–	–	–	–
		„ F.	2	8	2	–	10	1	4	1	–	5	7	2	2	–	4	3	–	2	–	2	–	–	–	–	–	–	–	–	–	–
		Children	2	9	1	–	10	1	1	–	–	1	14	1	–	–	1	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Disease not Arrested	Adults M.	–	–	5	–	5	–	2	7	2	11	–	2	4	1	7	–	5	15	–	20	4	8	14	3	25	2	2	22	2	26
		„ F.	–	–	1	–	1	–	–	2	–	2	–	2	4	–	6	1	4	3	–	7	2	6	10	4	20	1	4	12	1	17
		Children	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	5	2	–	–	2	–	2	–	–	2
	Condition not ascertained during the year …		–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Total on Dispensary Register at 31st December		5	27	11	–	38	4	11	13	2	26	27	11	15	1	27	25	11	24	–	35	11	16	24	7	47	3	8	34	3	45
(*b*) Not now on Dispensary Register and reasons for removal therefrom	Discharged as Recovered	Adults M.	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		„ F.	–	3	–	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Children	–	2	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Lost sight of, or otherwise removed from Dispensary Register …		1	12	11	–	23	2	2	9	1	12	9	2	8	1	11	11	8	6	–	14	1	3	5	–	8	–	1	3	–	4
	Dead …	Adults M.	1	7	15	2	24	1	4	14	10	28	1	3	18	15	36	5	4	18	9	31	3	–	10	10	20	5	–	3	7	10
		„ F.	2	4	7	4	15	1	3	18	8	29	–	–	15	5	20	4	3	10	4	17	1	1	4	7	12	1	–	–	2	2
		Children	–	–	–	1	1	–	1	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–
	Total written off Dispensary Register …		4	28	34	7	69	4	10	41	19	70	10	5	41	21	67	21	15	34	13	62	5	4	19	17	40	7	1	6	9	16
	Grand Totals … …		9	55	45	7	107	8	21	54	21	96	37	16	56	22	94	46	26	58	13	97	16	20	43	24	87	10	9	40	12	61

NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (*a*) the condition at the end of 1937 of all patients remaining on the Dispensary Register; and (*b*) the reasons for the removal of all cases written off the Register :—

	Condition at the time of the last record made during the year to which the return relates.		Previous to 1927.					1927.					1928.					1929.					1930.					1931.				
			Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands	Total.
(*a*) Remaining on Dispensary Register on 31st Dec.	Disease arrested	Adults M.	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		„ F.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Children	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	3	–	–	–	3	4	–	–	–	4
	Disease not Arrested	Adults M.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		„ F.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
		Children	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1
	Condition not ascertained during the year ...		–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Total on Dispensary Register at 31st December		1	–	1	1	3	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	3	–	–	–	3	5	–	1	–	6
Transferred to Pulmonary ...			9	10	3	14	36	1	–	–	–	1	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	1	–	–	–	1
(*b*) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered	Adults M.	4	1	2	9	16	2	–	–	–	2	2	–	1	–	3	–	–	–	–	–	4	–	–	–	4	–	–	–	–	–
		„ F.	4	2	2	12	20	–	–	–	1	1	–	1	–	1	2	–	–	–	–	–	1	–	1	2	4	–	–	–	–	–
		Children	25	44	18	126	213	2	1	–	6	9	4	2	2	10	18	2	1	–	2	5	–	2	–	5	7	–	2	–	2	4
	Lost sight of, or otherwise removed from Dispensary Register ...		30	15	12	47	104	5	4	–	1	10	2	1	1	–	4	1	–	–	1	2	4	–	–	2	6	2	–	1	–	3
	Dead ...	Adults M.	3	2	1	2	8	1	–	–	–	1	1	1	–	–	2	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–
		„ F.	4	2	4	3	13	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	–	–	1
		Children	3	14	7	5	29	1	–	1	–	2	1	–	1	–	2	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–
	Total written off Dispensary Register		73	80	46	204	403	11	5	1	8	25	10	5	5	11	31	4	1	–	3	8	10	3	1	9	23	2	3	1	2	8

			1932.					1933.					1934.					1935.					1936.					1937.				
(a) Remaining on Dispensary Register on 31st Dec.	Disease arrested	Adults M.	–	–	–	–	–	–	–	–	–	–	3	–	–	–	3	–	–	1	–	1	3	–	–	–	3	–	–	1	–	1
		„ F.	–	–	–	–	–	–	1	–	–	1	1	–	–	–	1	1	–	–	–	1	–	–	–	1	1	–	–	–	1	1
		Children	–	–	–	–	–	1	1	2	–	4	3	1	–	4	8	2	3	–	2	7	1	1	–	3	5	2	–	–	5	7
	Disease not Arrested	Adults M.	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	–	–	1	–	–	–	–	–	1	–	1	–	2
		„ F.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2
		Children	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1	–	–	1	2
	Condition not ascertained during the year ...		–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Total on Dispensary Register at 31st December		–	–	–	–	–	2	2	2	–	6	7	1	1	4	13	4	3	1	2	10	5	1	–	4	10	5	–	3	7	15
Transferred to Pulmonary ...			–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered	Adults M.	1	–	–	1	2	1	1	–	–	2	2	–	1	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		„ F.	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Children	–	–	–	–	–	–	–	–	2	2	1	1	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Lost sight of, or otherwise removed from Dispensary Register ...		1	–	2	–	3	–	–	–	1	1	3	–	1	1	5	–	–	–	–	–	2	3	–	–	5	–	–	–	–	–
	Dead ...	Adults M.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	–	1	3	–	4	–	–	–	–	–
		„ F.	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	1	–	1	–	2	–	2	1	–	3	–	–	1	–	1
		Children	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–	1	–	1	1	1	2	–	4	–	–	3	–	3
	Total written off Dispensary Register		2	–	2	1	5	1	1	–	3	5	8	1	3	2	14	2	–	3	-	5	3	7	6	–	16	–	–	4	–	4
Grand Totals of (a) and (b) (excluding those transferred to Pulmonary)			2	–	2	1	5	3	3	2	3	11	15	2	4	6	27	6	3	4	2	15	8	8	6	4	26	5	–	7	7	19

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken during 1937 under the above Regulations relating to Tuberculous Employees in the Milk Trade.

PUBLIC HEALTH ACT, 1925, SECTION 62.

No action was taken under this Section of the Act during 1937.

SUMMARY.

NOTIFICATIONS.

Pulmonary Tuberculosis—	Non-Pulmonary Tuberculosis—
Males 56, Females 34,	Males 11, Females 15,
Total 90.	Total 26.

DEATHS.

Pulmonary Tuberculosis 77. Non-Pulmonary Tuberculosis 11.

AGE AND SEX INCIDENCE.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ..	—	—	—	—	—	—	—	—
1—5 ..	—	—	3	1	—	—	1	1
5—15 ..	1	4	4	7	—	—	1	2
15—25 ..	5	7	2	3	1	9	—	3
25—35 ..	14	11	2	1	14	9	2	1
35—45 ..	12	6	—	1	12	6	—	—
45—55 ..	15	3	—	1	11	3	—	—
55—65 ..	7	3	—	1	9	1	—	—
65 and upwards ..	2	—	—	—	2	—	—	—
Totals ..	56	34	11	15	49	28	4	7

Charity Organisation Society.

The Charity Organisation Society have, as in former years, assisted in many ways patients who have been examined at the Tuberculosis Clinic and many other patients with chest complaints. Convalescent treatment, etc., has been arranged and in selected cases extra nourishment has been provided. The efforts of the Society are much appreciated.

vi.--HOSPITALS.

INCLUDING REPORTS BY

Dr. TAYLOR, Resident Medical Superintendent,
Isolation Hospital and Sanatorium,

AND

Dr. COOKE, Resident Medical Superintendent, City Hospital.

BOROUGH ISOLATION HOSPITAL.

GENERAL STATISTICS.

	Scarlet Fever.	*Diphtheria.*	*Measles & German Measles.*	*Whooping Cough.*	*Others.*	*Total*
Remaining in Hospital, Dec. 31st, 1936 ...	46	25	4	1	4	80
Admitted during 1937 ...	483	175	124	55	131	968
Discharged during 1937 ...	451	175	118	53	126	923
Died during 1937 ...	—	3	—	3	4	10
Remaining under treatment on Dec. 31st, 1937...	78	22	10	—	5	115

OTHER CASES.

Disease.	*Remaining in Hosp.* 31/12/36	*Admitted.* 1936	*Discharged.* 1937	*Died.* 1937	Remaining 31/12/37
Erysipelas...	1	27	23	4	1
Chicken Pox	1	33	33	—	1
Enteric Fever	—	2	2	—	—
Observation Scarlet Fever	2	19	20	—	1
Observation Diphtheria...	—	35	33	—	2
Observation Erysipelas ...	—	1	1	—	—
Observation Chicken Pox	—	5	5	—	—
Anterior Poliomyelitis ...	—	2	2	—	—
Pneumonia	—	2	2	—	—
Cerebro Spinal Meningitis	—	1	1	—	—
Infective Enteritis ...	—	3	3	—	—
Diphtheria Carriers ...	—	1	1	—	—
	4	131	126	4	5

SCARLET FEVER.

Number of cases	483
Number of Deaths	Nil

Though deaths are rare from Scarlet Fever in recent years, the disease is showing a very marked tendency to produce a larger percentage of debilitating and troublesome complications of the Ear, Nose and Throat. Paracentesis Tympani was performed in 4 cases, and Mastoidectomy in 6 cases.

The incidence of those complications has undoubtedly been aggravated by the overcrowding necessitated for various periods.

DIPHTHERIA.

Number of cases	175
Number of Deaths	3
Case Mortality	1.71%

All the fatal cases were admitted on the fourth day of illness, and Tracheotomy was required on two occasions.

STAFF.

The health of the staff during the year was very good, no disease worthy of comment occurring.

NURSING STAFF.

Sixteen nurses passed the Final State Examination, and six failed. Eleven nurses passed the Preliminary State Examination, and five failed.

In common with all other hospitals some difficulty was experienced in obtaining suitable candidates for the nursing profession.

GENERAL.

The greatest difficulty was experienced in the last quarter of the year in admitting cases, many having to be refused admission at time of asking. The same difficulty arose over a longer period during 1936. The overcrowding which has occurred, is definitely against the interests of the patients and makes the work of the nursing staff much more trying and less efficient.

BOROUGH SANATORIUM.

116 cases were admitted during the year. Statistical information will be found in the Tuberculosis Officer's report.

Great difficulty was experienced in coping with the male waiting list.

Isolation Hospital Provisioning, 1937.

1937.	Days in Hospital (Patients).	Average Patients per day.	Cost of Provisioning.			Average Cost per Patient per day.*	
			£	s.	d.	s.	d.
1st Quarter	7081	78·68	663	3	8	1	10·48
2nd ,,	7797	85·68	682	6	5	1	9·00
3rd ,,	7042	76·54	635	8	11	1	9·66
4th ,,	10025	108·97	814	2	4	1	7·49
Totals 1937	31945	87·52	2795	1	4	1	9·00
Totals for 1936	33370	91·2	2671	5	11	1	7·21

*This includes cost of provisioning staff.

Tuberculosis Sanatorium Provisioning, 1937.

1937.	Days in Sanatorium (Patients).	Average Patients per day.	Cost of Provisioning.			Average Cost per Patient per day.*	
			£	s.	d.	s.	d,
1st Quarter	4333	48·14	459	0	11	2	1·43
2nd ,,	4453	48·93	462	4	4	2	0·91
3rd ,,	4418	48·02	454	16	10	2	0·71
4th ,,	4681	50·08	501	8	4	2	1·70
Totals 1937	17885	49·00	1877	10	5	2	1·19
Totals for 1936	20329	55·5	1822	9	7	1	9·51

* This includes cost of provisioning staff.

CITY HOSPITAL, DERBY.

A General Hospital maintained under the Local Government Acts or the Public Health Acts.

Population served by the Institution: 140,300.

Staffing.

Medical Superintendent: R. G. COOKE, M.D., CH.B., M.R.C.S., L.R.C.P., D.C.O.G.

Resident. Whole Time.

No. of other resident medical staff: 3.

No. of visiting staff: 11.

Specialised services supplied—

Consulting Physician, Surgeon, Ear, Nose and Throat Surgeon, Ophthalmic Surgeon, Orthopædic Specialist, Radiologist, Gynæcologists (2), Anæsthetist, Dental Surgeon. Pathologist.

Number of—

(*a*) Trained Nurses: 30 (including Matron and Assistant Matron).

(*b*) Probationer Nurses: 58, and 4 Midwifery Pupils.

(*c*) Assistant Nurses: 15 Sub-Probationers—Non-resident.

(*d*) Male Attendants: No Male Nurses, 5 Porters, 1 Barber, 1 Ambulance Driver and 1 Ambulance Attendant.

Total number of beds provided in the Institution for Sick, Maternity and Mental Cases at 31st December, 1937:—

(*a*) for men: 91.

(*b*) for women: 151.

(*c*) for children (under 16 years of age): 70. (Excluding cots in maternity wards).

Total: 312.

N.B.—These figures should agree with the totals of those in Columns 3, 5, 7, and 9 of Table I. overleaf.

Table showing the classification of the accommodation for sick, maternity and mental cases and the number of beds occupied on 31st December, 1937.

Classification of Wards.* (1)	No. of Wards (2)	BEDS.							
		MEN.		WOMEN.		CHILDREN (under 16 years of age)		Total.	
		Pro-vided. (3)	Occu-pied. (4)	Pro-vided. (5)	Occu-pied. (6)	Pro-vided. (7)	Occu-pied. (8)	Pro-vided. (9)	Occu-pied. (10)
1. Medical	2	33	34	33	30	—	—	66	64
2. Surgical	2	33	28	33	29	—	—	66	57
3. Chronic sick†	2	15	18	15	16	—	—	30	34
4. Children	2	—	—	—	—	70	48	70	48
5. Venereal		Loch Ward in Boundary House Infirmary.							
6. Tuberculosis	—	(4 in Medical side wards.)							
7. Isolation††		(Adequate side ward accommodation).							
8. Maternity¶	3	—	—	60	41	—	—	60	41
9. Mental	2	10	10	10	12	—	—	20	22
(*a*) Lunacy Act, 1890.									
(*i*) Short stay §		—	—	—	—	—	—	—	—
(*ii*) Long stay‡		—	—	—	—	—	—	—	—
(*b*) Mental Treatment Act, 1930		Not accommodated in this Institution.							
(*i*) Voluntary									
(*ii*) Temporary									
10. Mental defectives		Accommodated in Boundary House Institution.							
11. Other.		—	—	—	—	—	—	—	—
TOTAL	13	91	90	151	128	70	48	312	266

3 and 9 are wards structurally sub-divided.

* If not classified as in Table, the wards used for more than one class of patient should be grouped. Cots in adult wards should be entered in column 7; children in adult wards (whether in beds or in cots) in column 8. Cots and infants in maternity wards should, however, be excluded.

† Patients needing hospital treatment because they are suffering from some chronic disease; also aged infirm persons whose medical amd nursing needs approximate to those of chronic patients.

†† Reserved specifically for the isolation and treatment of infectious diseases, including puerperal sepsis.

¶ Exclusion of isolation and labour beds.

§ See sections 20 and 21 of the Lunacy Act, 1890.

‡ See sections 24 to 26 of the Lunacy Act, 1890.

Statistics relating to the year ended 31st December, 1937.

(*A*) IN-PATIENTS.

1. Total number of admissions (including infants born in hospital)... 3,460
2. Number of women confined in hospital (10 twin labours) ... 565
   (Plus 14 confined before arrival).
3. Number of live births 555
   (Plus 13 born before arrival).
4. Number of still births 20
   (Plus 1 born before arrival).
5. Number of deaths among the newly-born (*i.e.*, under four weeks of age)* 40

6. Total number of deaths among children under one year (including those given under 5)	50
7. Number of Maternal deaths among women admitted to hospital for confinement	7
8. Total number of deaths	485
9. Total number of discharges (including infants born in hospital)...	2,967
10. Duration of stay of patients included in 8 and 9 above. Give number of cases whose total stay was for the following periods—	
(*a*) Under four weeks	2,463
(*b*) Four weeks and under thirteen weeks	842
(*c*) Thirteen weeks or more	147
11. Number of beds occupied(excluding cots in maternity wards)—	
(*a*) Average during the year	236
(*b*) Highest (on 10th January, 1937)	280
(*c*) Lowest (on 26th October, 1937)	175
12. Number of surgical operations under general anæsthetic— (Excluding Dental Operations)	668
Local and Spinal Anæsthetic	202
13. Number of abdominal sections	153

* This figure should relate only to children born in hospital.

Age Groups of Deaths.

Under one month	40
Over 1 month and under 1 year ...	10
1 year—10 years	11
10 ,, —20 ,, ...	7
20 ,, —30 ,, ...	19
30 ,, —40 ,, ...	26
40 ,, —50 ,, ...	42
50 ,, —60 ,, ...	63
60 ,, —70 ,, ...	118
70 ,, —80 ,, ...	115
Over 80	34

(*B*) OUT-PATIENTS.

1. Certain cases attend after discharge for continuation of treatment, such as dressings, massage, re-examination, etc. Emergency treatment is given to accidents occurring in the locality.

A reduction in the total number of attendances is accounted for by the transfer to Central Clinics of out-patients who were temporarily dealt with here (Tuberculosis and Orthopaedic).

2. Total number of persons seen in the out-patient department : 1,115
3. Number of these persons who were subsequently admitted for in-patient treatment in the Institution : 561.
4. Number of these persons who had received in-patient treatment in the Institution : 183.
5. Total number of attendances in the out-patient department : 2,894.
6. Ante-Natal Clinic. The total number of expectant mothers seen and the total number of attendances : 756 women made 3,664 attendances.

Post-Natal Clinic.—The total number of women seen and the total number of attendances : 74 women made 79 attendances.

(*C*) Classification of In-patients who were discharged from or who died in the Institution during the year ended 31st December, 1937.

Disease Groups.	*Children under 16 years of age.*		*Men and Women.*	
	Dis-charg'd	*Died.*	*Dis-charg'd*	*Died.*
A. Acute infectious disease (1) ...	31	—	15	6
B. Influenza (2)	7	—	41	14
C. Tuberculosis—				
Pulmonary	1	—	39	7
Non-Pulmonary	11	4	8	6
D. Malignant disease	—	—	34	56
E. Rheumatism—				
(1) Acute rheumatism (rheumatic fever), together with sub-acute rheumatism and chorea ...	5	—	10	1
(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)...	—	—	9	—
(3) Chronic arthritis	—	—	29	—
F. Venereal disease	—	—	8	—
G. Puerperal pyrexia	—	—	26	3
H. Puerperal Fever—				
(*a*) Women confined in the hospital	—	—	—	1
(*b*) Other cases	—	—	—	—
I. Other diseases and accidents connected with pregnancy and childbirth	—	45	132	5
J. Mental diseases—				
(*a*) Senile Dementia	—	—	11	4
(*b*) Other	4	—	112	4
K. Senile decay (3)	—	—	24	36
L. Accidental Injury & Violence (4)	10	—	64	11
In respect of cases not included above :—				
M. Disease of the Nervous System and Sense Organs	21	1	94	36
N. Disease of the Respiratory System	142	10	207	57
O. Disease of the Circulatory System	4	1	151	103
P. Disease of the Digestive System...	30	2	170	18
Q. ,, ,, Genito-urinary ,,	10	—	145	33
R. Disease of the Skin	24	—	39	1
S. Other diseases	85	1	105	19
T. Mothers and infants discharged from Maternity Wards and not included in the above figures—				
Mothers	—	—	582	—
Infants	527	—	—	—
U. Any person not falling under any of the above headings	—	—	—	—
*Totals ...	912	64	2055	421

*These figures should agree with those shown under 8 and 9 of Table II (A).

(1) Including—with the exception of Acute Primary and Influenzal Pneumonia, Tuberculosis, Puerperal Pyrexia and Puerperal Fever—all generally notifiable diseases, together with Measles, German Measles, Chickenpox Whooping Cough and Mumps. Cases of Influenzal Pneumonia, Tuberculosis, Puerperal Pyrexia, Puerperal Fever and Acute Primary Pneumonia will be recorded respectively under Groups B, C, G, H and N; cases of Encephalitis Lethargica should be entered under Group A if acute and under Group M if chronic.

(2) Including Acute Influenzal Pneumonia.

(3) To be confined to cases and deaths in which no more specific diagnosis was practicable.

(4) Including suicides, attempted suicides and poisoning cases.

(Copy). Form M.C.W. 96a.

County Borough Council of Derby.

MATERNITY AND CHILD WELFARE.

Return relating to Maternity Hospitals and Homes maintained or subsidised by the Council during the year 1937.

1. Name and address of Institution: City Hospital, Derby.
2. Number of maternity beds in the Institution (exclusive of isolation and labour beds): 60.

2*a*. Number of beds, if any, included under item 2 which have been allocated to, and reserved for, expectant mothers in need of hospital treatment: 12.

3. Number of Maternity Cases admitted during the year: 675.

3*a*. Number of women treated during the year in the beds shown against item 2*a*. (These women should be included also against item 3): 96.

4. Average duration of stay: 14 days.
5. Number of cases delivered by—
   - (*a*) Midwives: 526 (plus 14 born before arrival). (10 sets of twins).
   - (*b*) Doctors: 39.
6. Number of cases in which medical assistance was sought by a midwife in Emergency: For Mother 101, for Baby 14.
7. Number of cases notified as—
   - (*a*) Puerperal Fever: 1.
   - (*b*) Puerperal Pyrexia*: 26 (including abortions not dealt with in maternity wards).
8. Number of cases of Pemphigus Neonatorum: Nil.
9. Number of infants not entirely breast-fed while in Institution: 152.
10. (*a*) Number of cases notified as Opthalmia Neonatorum: 3.
    (*b*) Result of treatment in each case:—
    Condition in each case satisfactory on discharge.

**i.e.*, rise of temperature to 100·4o F. for 24 hours, or its recurrence within that period.

11. (*a*) Number of maternal deaths : 8.

(*b*) Cause of death in each case—

Unbooked. 1. Full term. Baby born at height of pneumonia.

Booked. 2. Old Mitral Disease. Infective endocarditis. Died 28 days after delivery.

Booked. 3. Streptococcal Septicaemia. (Baby also had+blood culture).

Unbooked. 4. Sarcoma of buttock. Miscarriage at 26 weeks.

Booked. 5. Lobar pneumonia. Empyema. Died 5 weeks after delivery.

Unbooked. 6. Mastoiditis. Sinus Thrombosis—premature labour.

Booked. 7. Contracted outlet, fibroids, Caesarean Section. Air Embolism.

Booked. 8. Cerebral Haemorrhage. Eclampsia.

12. (*a*) Number of infant deaths—

(i.) Stillborn : 21.

(ii.) Within 10 days of birth : 23.

(*b*) Cause of death in each case and results of post-mortem examination (if obtainable)—

Stillbirths. Obstructed labour, 2 ; Monstrosities, 2 ; Congenital Abnormalities, 5 ; Prematurity, 9 ; Prolapse of cord, 1 ; Placenta praevia, 2.

Deaths within 10 days. Prematurity, 13 ; Atelectasis, 1 ; Congenital Heart, 2 ; Toxaemia, 2 ; Icterus Neonatorum, 1 ; Difficult Labour, 3 ; Hydrocephalus, 1.

MASSAGE DEPARTMENT.

Number of Treatments : 7,833.

Massage and Exercises	3,465
Electrical	1,081
Ultra Violet Light	1,043
Infra Red Light and Radiant Heat ...	2,244

X-RAY DEPARTMENT.

Total number of examinations : 1,145.

Alimentary System (œsophagus, stomach, intestines, gall bladder)	170
Genito Urinary System	50
Respiratory System	450
Bones and Joints	380
Maternity	75
Miscellaneous	20

DENTAL DEPARTMENT.

The number of patients is given under each heading.

Total	569
Extractions—under gas	324
—under local	139
—Evipan.	5
Fillings	3
Scaling, etc.	38
Dentures and Repairs	11
Examinations, etc.	49

PATHOLOGICAL DEPARTMENT.

Total number of investigations: 4,247.

EXAMINATION OF BLOOD.

Blood Counts	1,296	
Blood Calcium Estimation	10	
Blood Sugar Estimation	422	
Blood Urea Estimation	447	
Blood Cultures	27	
Blood Grouping	92	
Widal Tests	29	
Van den Bergh reaction	22	
Blood Sedimentation Rates	10	
Kahn Tests	8	
Miscellaneous	16	
Total		2,379

EXAMINATION OF URINE.

General Examination	666	
Urea Concentration Tests	23	
Urea Clearance Tests	15	
Miscellaneous	20	
Total		724

MICROSCOPICAL SECTIONS.

Total	100

EXAMINATION OF GASTRIC CONTENTS.

Fractional Test Meals	73

EXAMINATION OF SWABS.

Throat	258	
Cervical	67	
Urethral	45	
Vaginal	82	
Nasal	5	
Eye	36	
Ear	3	
Mouth	4	
Total		500

Examination of other Pathological Specimens.

Cerebro Spinal Fluid	99	
Pleural Fluid	37	
Various other Fluids	14	
Pus from Various sites	68	
Faeces	123	
Hair from Ringworm spores	5	
Sputum	123	
Miscellaneous	2	
Total		471

In addition to the above, which are carried out in the hospital laboratory, there are many hundreds of tests carried out elsewhere by arrangements.

Examination of Sputum and Throat Swabs at Borough Isolation Hospital Laboratory.

Wassermann Reactions at County Council Laboratory.

Ascheim zondek test for Pregnancy at Edinburgh University.

The work of the hospital shows a steady increase.

(Copy). Form Hosp. 7.

TREATMENT OF CANCER.

County Borough Council of Derby.

1. Names of Hospitals belonging to the Council, to which cancer patients are admitted: City Hospital, Derby.

Nature of facilities for cancer treatment (operation, radium, deep X-rays) provided in these hospitals: Surgical treatment for suitable cases—also medical and nursing care for advanced cases; Radon obtained for suitable cases.

Which, if any, of these hospitals have out patient departments? City Hospital. Out-patient attendances consist of continuation treatment or observation of cases discharged.

2. What arrangements have been made by the Council, under a specific agreement or otherwise, for treatment at other hospitals of cancer patients for whom adequate treatment facilities are not available in the Council's Hospital(s)?

Arrangements are in force whereby any patient likely to obtain benefit from radium or deep X-ray therapy is transferred without fee to the Derbyshire Royal Infirmary.

* Including all Institutions of the Council used for the accommodation of the sick.

SITES.	Patients admitted after previous advice or treatment at another hospital providing radiation as well as operative treatment. Total Number—53.		Patients admitted after previous advice or treatment at another hospital providing operative but not radiation treatment. Total number —				Patients admitted without previous advice or treatment at another hospital. Total number—47.		
			Treated at that hospital.		Not treated at that hospital.		(*a*)	(*b*) Numbers referred for advice and/or treatment to :—	
	(*a*) Numbers treated at that hospital.	(*b*) Numbers not treated at that hospital.	(*a*) Numbers retained in Council's hospital.	(*b*) Numbers referred for advice and/or treatment to a hospital providing radiation treatment †	(*a*) Numbers retained in Council's hospital.	(*b*) Numbers referred for advice and/or treatment to a hospital providing radiation treatment.†	Numbers retained in Council's hospital.	(1) Hospital providing operative treatment.	(2) Hospital providing radiation as well as operative treatment.†
Uterus	7	—	All cases of cancer likely to receive benefit from further treatment are seen by the radio-therapist who is also the radio-therapist at the Royal Infirmary. He arranges for treatment if suitable. Of 37 cases during 1937, 10 received treatment. Many were too advanced or otherwise unsuitable.				1	—	—
Tongue and Mouth	5	—					3	—	2
Breast	9	—					5	—	2
Lip	3	—					1	—	—
Skin	3	—					—	—	—
Larynx	1	—					2	—	—
Bladder	3	—					2	—	—
Rectum	5	—					3	—	—
Other sites ...	17	—					20	—	6
TOTAL ...	53	—					37	—	10

† Those cases in which the radio-therapist gives advice or treatment within the Council's hospital should be included in the (*b*) columns of II. and III. but excluded from the (*a*) columns.

vii.--SANITARY CIRCUMSTANCES OF THE AREA.

REPORT BY

Mr. H. J. MORGAN, Chief Sanitary Inspector,

SANITARY CIRCUMSTANCES OF THE AREA.

TO THE MEDICAL OFFICER OF HEALTH
FOR THE COUNTY BOROUGH OF DERBY.

I beg to submit to you my Annual Report on the Sanitary Circumstances of the Borough for the past year—1937.

SANITARY INSPECTION OF THE TOWN.

As in previous years the large amount of work entailed by the application of the Housing Acts, together with the disinfestation of all furniture of all peoples dispossessed and the removal of goods and chattels to new houses had a great effect on the work of the Department. This, together with new Acts, has produced such a state of pressure on the Inspectors that a great deal of duties are compelled to be left undone and unless the staff is greatly increased the neglect will be very apparent.

INSPECTIONS AND NOTICES.

Informal Action.

During the year, 1,424 Preliminary Notices were served to abate nuisances under the Public Health Acts or Local Acts, and 660 under Section 9 of the Housing Act, 1936.

Legal Action.

During the year, 98 Statutory Notices were served to abate nuisances under the Public Health Acts or Local Acts, and 11 under Section 9 of the Housing Act, 1936.

Visits and Remedies.

During the year, 12,153 visits under the Public Health Acts or Local Acts, and 8,252 under the Housing Acts, were made.

The nuisances abated and the defects remedied will be found on pages 163, 164 and 165.

Closet Accommodation.

With the exception of 30 trough closets, three waste water-closets, 35 tub-closets, 5 privies, 5 cesspools, and two chemical closets, the whole of the Borough is fitted with water-closets.

Common Lodging Houses.

Number on Register	8
Number of Rooms registered for Sleeping	68
Number of Lodgers provided for	394
Notices and Cautions given in respect of Breaches of the Acts and Bye-Laws	37

With the gradual removal of our old houses, we begin to see ourselves well placed in regard to Modern Common Lodging Houses. The latest put on our books is one I am really proud of—nothing could be better—the Salvation Army Hostel, and with our others being bricked up, I should not be surprised to know that we had here the best living conditions for this poor class of person.

Houses Let in Lodgings.

Number on Register	18
These contain 93 rooms and have accommodation for 191 adults and 30 children.	
Notices and Cautions given to Landlords and Lodgers for various offences under the Bye-Laws	23

Let me reiterate what I have said before :—

Confusion has existed in some minds between a House Let in Lodgings and a Common Lodging House, yet they are utterly dissimilar.

A House Let in Lodgings in an ordinary way can be described as one which has been split up into different apartments or lettings, several complete families occupying one house, and the furniture, such as it is, supplied by a "landlord" in an inclusive rent.

Again I bring to your notice that not one of the existing registered houses comply with the Local Byelaws in their essential features, and again I wish to remark that all such houses that are on our register should cease to exist, for the Sanitary condition of them has always appalled me. Valiant efforts are being made to get a semblance of cleanliness to them, but such places—known, of course, in all towns—must be wiped away. I feel it one of the greatest disgraces to our work that we are compelled by force of circumstances to acknowledge their existence. I appeal once more for a municipally-owned House Let in Lodgings (furnished) something on the style of your Exeter House, suitable for the absolute poverty-stricken people needing such apartments.

It is well known that a large number of big houses in the town are being let off in this way, detrimental, of course, to the neighbourhood, and I patiently await the time when I can end this misuse of good-class property.

These rooms are now occupied by pensioners, travelling hawkers, and young couples wanting a private house, besides families who may have moved from Corporation houses or from those of threatened demolition.

Offensive Trades.

On Register at beginning of year		21
On Register at end of year		21
Workshops	13	
Factories	8	

LIST OF OFFENSIVE TRADES IN THE BOROUGH.

Bone Calcining	1
Bone Boiling	1
Gut Scraping	2
Hide and Skin Marts	2
Skin Curing	1
Blood Drying	1
Soap Boiling	1
Tripe Boiling	4
Dealers in rags, bones, and skins	4
Fat melting or extracting	2
Tallow Melting	1
Tanners and Leather Works	1
Total...	21

These trades were carried on during the year with very little nuisance when you come to consider the class of work they are engaged in. Installation of good plant and the encouragement of cleanliness have brought about a very satisfactory condition. Byelaws are being prepared to regulate the carrying on of the trade of Fish Frying.

Factories and Workshops.

The following are the Tables of action taken and work done.

INSPECTIONS.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

PREMISES.	NUMBER OF		
	INSPECTIONS.	WRITTEN NOTICES.	PROSECUTIONS.
Factories (including Factory Laundries)	74	3	...
Workshops (including Workshop Laundries)	106	7	...
Workplaces (other than Out-Workers' Premises) ...	15	...	...
Totals	195	10	...

DEFECTS.

PARTICULARS.	NUMBER OF DEFECTS.			NUMBER OF PROSECUTIONS.
	FOUND.	REMEDIED.	REFERRED TO H.M. INSP.	
Nuisances under the P.H. Acts				
Want of Cleanliness ..	15	17	...	...
Want of Ventilation ..	...	...	...	...
Overcrowding	...	...	...	...
Want of drainage of floors	...	...	...	...
Other Nuisances	14	13	2	...
Sanitary Accommodation—				
Insufficient	4	3	...	...
Unsuitable or defective ...	22	21	...	...
Not separate for sexes ..	...	...	...	...
Offences under the F. & W. Act				
Illegal occupation of underground bakehouse (S.101)	...	...	...	...
Other offences	...	...	...	...
Total	55	54	2	...

Inspections, etc., of Workrooms where women and young persons are employed.

Workrooms on Register at beginning of year	31
Added during the year	6
Removed during the year	—
Workrooms on Register at end of 1937	37

Inspections of Out-Workers or Home-Workers.

Pursuant to Section 107 of the Factory and Workshop Act, 1901, 41 lists of out-workers have been received from various firms in Derby. Of the out-workers, 44 were engaged in net-mending, 24 in altering, making or finishing wearing apparel, and 5 making surgical bandages. 26 lists with 152 names have been forwarded to Councils in whose areas out-workers employed by Derby firms reside.

During 1937, visits were made to the homes of these out-workers by the Female Sanitary Inspector. As a result of these visits, no verbal notices nor written notices were given or served.

The principal industries are net-mending and making or finishing wearing apparel, and the general character of the work repairing. The numbers are on the decrease.

Registered Workshops.

Workshops	188
Bakehouses—Workshops	35
Do. —Factories	27
Workshops where females and young persons are employed ...	37
	287

Public Conveniences.

All the conveniences used by the Public throughout the town, whether situated in the Market Place or Parks, were inspected regularly by members of the staff, male and female, and were found invariably without complaint.

CANAL BOATS ACT, 1884.

Annual Report for 1937, in accordance with Section 250 (Sub-Section 3) of the Public Health Act, 1936.

County Borough of Derby.

1. Inspector and Salary ... Chief Inspector and Assistant. No salary allocated.

   Address ... ... 1, Derwent Street, Derby.

2. Boats inspected ... ... 5 Visits to Canal 75

3. Infringements of Acts and Regulations :—

(*a*) Registration	0
(*b*) Change of Master	0
(*c*) No Certificate on Board	0
(*d*) Absence of Marking	0
(*e*) Overcrowding	0
(*f*) Separation of Sex	0
(*g*) Cleanliness	0
(*h*) Ventilation	0
(*i*) Painting	0
(*j*) Provision of water vessel	0
(*k*) Removal of bilge water	0
(*l*) Notification of infectious disease	0
(*m*) Admittance of Inspector	0
(*n*) Boats found in bad repair	0

4. Legal Proceedings	None.
5. Other steps taken	None.
6. Cases of Infectious Disease dealt with	None.
7. Detention of boats for cleansing and disinfection	None.
8. Number of boats on Derby Register at end of year 1937	
(*a*) Number of boats believed to be in use or available	5
Number of boats propelled by motor	0
(*b*) Number of boats that cannot be traced	8
Removed from Register	0
9. Number of boats registered during 1937 :—	
(*a*) Motor propelled	0
(*b*) Horse drawn	0

No certificates outstanding at end of the year.

SMOKE ABATEMENT.

Number of chimneys of which observations have been taken	13
Number of observations	35
Visits to Works	30

MILK.

Constant efforts are made to keep a good supply of milk for the inhabitants of this town. There are three firms equipped for the receiving, pasteurising, bottling, and retailing of milk, and five farmers registered for the supply of Accredited Milk. I have been very much struck this last year or two to see the great improvement in the cleanliness of the milk, compared with previous years.

The whole of the cows of the town (264) were inspected at least four times in the year by the Corporation Veterinary Surgeon.

Dairies, Cowsheds and Milkshops.

PURVEYORS INSIDE THE BOROUGH—

Number of dairymen and purveyors by round	37
Number of retail roundsmen working from other dairies	29
Number selling loose milk from shops	51
Number of bottled milk sellers	290
Number of factory dairies	8
Cowkeepers within the Borough	11
	426

PURVEYORS OUTSIDE THE BOROUGH—

Registered Retail Purveyors residing outside the Borough	64
Number of Farmers sending Milk into Derby	250
Pasteurisation Factories in the Borough	3
Number of Local Farmers supplying Grade A " Accredited Scheme " milk	5

Examination of Milk for Tubercle Bacilli.

The number of samples examined was 202. The milk from 15 farms was found to contain tubercle bacilli, and in 24 cases the infected animals on 14 farms were found and slaughtered.

Clean Milk and Bacterial Count.

54 samples of milk were examined during the year as shown on the form on page 148. The attention of all farmers concerned has been drawn to unsatisfactory milks.

County Laboratory Examinations.

T.B. Negative	179
T.B. Positive	23
Streptococci :—	
Positive...	1
Negative	1
Guinea Pig died before result was obtained	7
Total	211
Microscopic examinations :—	
Negative	25
Positive...	1
Total	26

Phosphatase Test :—

Number of samples	25
Number of samples which did not prove to be satisfactory ...	5

Methylene Blue and Coliform Tests :—

Number of samples	87
Number of samples that did not satisfy the Methylene Blue Test	32
Number of samples that did not satisfy the Coliform Test ...	3
Number of samples that did not satisfy both tests	3
Number of samples that did satisfy the Methylene Blue Test only	3
Number of samples that did satisfy both tests...	46

Bacillus Coli	Number of Organisms per 1 c.c.											
	Under 30,000	30,001 to 40,000	40,001 to 50,000	50,001 to 150,000	150,001 to 200,000	200,001 to 300,000	300,001 to 400,000	400,001 to 500,000	500,001 to 750,000	750,001 to 1,000,000	Over 1,000,000	Total
Negative	8	—	—	3	1	1	—	—	—	—	—	13
Positive ...	—	—	—	—	—	—	—	—	—	—	1	1
Total ...	8	—	—	3	1	1	—	—	—	—	1	14

Not included in above table :—

Pasteurised	28
Tuberculin Tested	12
	40+14=54.

FOOD-PREPARING PREMISES.

Food-preparing Places on Register at end of year ...	241
Defects found and remedied	32

These inspections included restaurants, food stores, pork butchers, shops where food is cooked, and beef butchers' shops where the preparation and filling of sausage takes place.

Again progress has been made in Fried Fish Shops with regard to new hygienic cooking replacing the old type that so often caused a nuisance in the vicinity.

ICE CREAM MANUFACTURERS AND DEALERS.

Regular inspections of the premises and processes of manufacture were made, as also of retailers in the street.

On Register at end of year	248
Notices complied with	1

BAKEHOUSES.

Number of Bakehouses in occupation at end of year :—

Factory	27
Workshop	25
	52

	Factories.	Workshops.
Defects found during year	7	6
Defects remedied during year	7	6
Notices served...	2	—

HOUSES OF ENTERTAINMENT.

There have been many inspections at the request of the Estates Committee and where it is deemed that in one or two instances the sanitary requirements have fallen short of the needs, arrangements have been made at the annual licensing for the alterations to take place.

RIVERS POLLUTION.

I believe that our brooks, through long insistence by this Department, are now free from pollution, except in one case, which cause I trust will shortly be removed.

RENTS RESTRICTION.

During the year only two certificates were issued.

MEAT INSPECTIONS.

During the year, 252 carcases of beef were condemned, and included in these were 103 cows slaughtered under the Tuberculosis Order, 1925, as suffering from tuberculosis, and found, on post mortem examination, to be in an advanced stage of the disease. The carcases were totally condemned.

There have also been condemned 14 carcases of veal, 18 bodies of mutton and 19 carcases of pork.

CARCASES CONDEMNED.

	Cattle (excluding cows).	*Cows.*	*Calves.*	*Sheep. & Lambs*	*Pigs.*
All diseases except Tuberculosis. Whole carcases condemned	5	58	13	18	3
Carcases of which some part or organ was condemned ...	143	85	1	53	51
Tuberculosis only. Whole carcases condemned	25	164	1	—	16
Carcases of which some part or organ was condemned ...	198	146	—	—	234

Disposal of Condemned Meat.

During the year the whole of the meat and offals was disposed of for treatment for the recovery of fats, bones and meat, and their preparation for commercial purposes. The remainder of the unsound food was sent for destruction.

Unsound Food Condemned.

62	tons, 12 cwts. Meat, including offal.
222	Rabbits.
29½	cwts. of Fish and Shellfish.
569	Tins of Food.
5	tons, 12 cwts. Fruit and Vegetables.
438	Eggs.

Slaughter-Houses.

At the end of year 1937 :—

In hands of private holders	23
Corporation houses let to private tenants	16
Corporation houses used as public	1

Visits of inspection—8,656.

Public Abattoir.

Slaughtering at the Corporation Houses is under the direct control of the Health Department.

SLAUGHTER OF ANIMALS ACT, 1933.

Slaughtermen's Licences.

186 licences were issued during the year to butchers slaughtering within the Borough of Derby.

With few exceptions, every endeavour appears to have been made by the persons holding licences to strictly adhere to the requirements of the above Act.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The following is the summary by the Borough Analyst (Mr. R. W. Sutton, B.Sc., F.I.C.) for the year 1937 :—

During the year, 307 samples were submitted under the above Act, consisting of 239 formal samples and 68 informal samples.

Of the samples submitted, 23 (or 7.5%) were classed as adulterated or below standard. This figure is lower than last year, when 32 of the 280 samples (11.4%) were returned as adulterated, but is higher than the return of 5.3% adulteration for the whole of the samples taken in England and Wales for the year 1936—the last year for which figures are available.

The figures may be compared with those obtained for other large areas in England for the year 1936.

The various articles are listed in the following table and details are given of the number of samples found to be adulterated :—

Article.	*Formal.*	*Informal.*	*Total.*	*Adulterated or not up to standard.*	*% Adulterated.*
Arrowroot		2	2		
Beer	2	6	8		
Borax		2	2		
Butter	13		13		
Camphorated Oil ...		3	3		
Cheese	2		2		
Cheese, Cream ...	1		1	1	100
Coffee		2	2		
Coffee & Chicory ...		1	1		
Cordials...		2	2		
Custard Powder ...		3	3		
Dried Fruits		2	2		
Egg Substitute Powder		2	2	1	50
Fish Paste		1	1		
Flour, Self-raising ...		6	6		
Glycerine		2	2		
Iodine, Tincture of ...		2	2	2	100
Jam		3	3	1	33.3
Lard	14		14		
Lemon Cheese ...		3	3		
Margarine	4		4		
Meat Paste	1	3	4		
Milk	196	1	197	17	8.6
Mincemeat		3	3		
Olive Oil		2	2		
Pepper		2	2		
Pickles		2	2		
Potted Meat		2	2	1	50
Sauce		3	3		
Sausages		3	3		
Sweets		3	3		
Tinned Peas		2	2		
Whisky	6		6		
	239	68	307	23	7.5

In addition to the 17 milks in column 5 of the above table, 6 samples were found to be of slightly inferior quality—1 being deficient in fat and 5 being slightly deficient in non-fatty solids. Application of the Freezing Point Test indicated that the 5 samples deficient in non-fatty solids were probably genuine.

Three appeal-to-cow samples were examined, and one sample was found to be deficient in fat.

The average composition of all milks examined during the year is as follows :—

Non-fatty solids	8.77	per cent.
Fat	3.62	per cent.
Total solids	12.39	per cent.

The table below gives details of those samples classed as adulterated or not up to standard.

Article and Serial Number.	*Formal or Informal.*	*Nature of Adulteration.*	*Observations.*
Milk No. 1181	Formal	1% Extraneous Water	Suggested further samples be taken
,, No. 1020	,,	19% Deficient in Fat	
,, No. 1025	,,	About 1% Extraneous water	Suggested further samples
,, No. 1036	,,	,, 13% ,,	
,, No. 1037	,,	,, 1% ,,	Suggested further samples
,, No. 1048	,,	12% Deficient in Fat	In course of delivery to Vendor of No. 1037. Suggested caution & further samples
,, No. 1054	Informal	82% Deficient in Fat 37% Extraneous water	
,, No. 1080	Formal	17% Deficient in Fat	Repeat sample taken No. 1088
,, No. 1088	,,	16% Deficient in Fat	Same Vendor as 1080. Suggested caution. (Appeal to Cow sample B. 296, 17% deficient in Fat.)
,, No. 1092	,,	4% Deficient in Fat	Suggested caution
,, No. 1286	,,	About 2-3% Extraneous water	
,, No. 1290	,,	,, 1% ,,	Repeat of 1286
,, No. 1294	,,	,, 1% ,,	,, ,, ,,
,, No. 1308	,,	,, 2% ,,	Suggested further samples
,, No. 1309	,,	,, 2% ,,	
,, No. 1310	,,	,, 2% ,,	
,, No. 1311	,,	,, 1% ,,	
Jam No. 1041	Informal	Deficient in Fruit	
Iodine, Tincture of, No. 1258	,,	Not of B.P. Quality	
,, No. 1259	,,	,, ,, ,,	
Potted Meat No. 1262	,,	Contained 7% Starch	Formal sample sold as Potted Meat Paste
Cream Cheese No. 1351	Formal	Misdescription. This Cheese was made from Milk and not Cream	
Egg Substitute Powder No. 1344	Informal	Deficient in available CO_2	

Milk Samples.

The percentage adulteration in the milk samples (8.6) is distinctly lower than last year (16.9), but is slightly above the figure returned by the Ministry of Health for all samples taken in England and Wales for the year 1936, i.e., 7.1 per cent.

Preservatives.

All appropriate samples were examined for the presence of preservatives, and in all cases were found to conform with the Preservatives in Food Regulations.

FERTILIZERS AND FEEDING STUFFS ACT, 1926.

The samples examined under the above Act during the year 1937 consisted of the following articles :—

Barley Meal	1
Dairy Nuts	1
Ground Oats	3
Linseed Cake	2
Maize Meal	2
Sharps	3
General Fertilizer	3
Prentices' " Tomorite "	1
Sulphate of Ammonia	3
Superphosphate	3
Sulphate of Potash	3
	25

In two samples of general fertilizer, the analyses disclosed deficiencies in one or other of the valuable ingredients declared.

ARTIFICIAL CREAM ACT, 1929.

So far as can be ascertained, no artificial cream is on sale in Derby.

Public Health (Preservatives in Food) Regulations, 1925 and 1927.

During the year, 197 samples of milk and 60 samples of various other articles of food were examined and found to comply with the regulations.

MERCHANDIZE MARKS ACT, 1926.

During the year, traders have kept well up to the requirements of the Act with regard to the marking of Imported Foodstuffs.

In cases where contraventions have occurred, the attention of the trader has been drawn to the matter, and the goods have been marked forthwith.

MICE AND RATS (DESTRUCTION) ACT, 1919.

Mr. E. A. Hornsby, Officer under the Destructive Insects and Pests Acts, reports that :—

The past twelve months has again been a busy period in connection with the Rats and Mice Destruction Act.

The Cattle Market and adjacent buildings has received very particular attention and complaints have now been reduced to a minimum.

Visits have been regularly made to other Corporation premises and in addition to the number of rats actually caught, poison has been laid and the gassing apparatus used.

During Rat Week, commencing 1st November, the sewers of the town were visited, two men spending five nights on this work, using a considerable quantity of bread and poison.

Special visits were paid to the Elevator Tip at the Sewage Works and a large number of rats were caught and poisoned.

The number of visits and rats caught at Corporation premises were as follows :—

Place.	*Visits.*	*No. of Rats.*
Alvaston Lane and Tip	8	35
Alfreton Road Tip	3	12
Boundary House	6	10
City Hospital	4	3
Cattle Market	21	75
Derby Butchers, Ltd.	5	93
Fire Station	2	4
Isolation Hospital	3	8
Market Hall	4	mice
Brighton Road Schools	2	do.
Spondon Sewage Works	6	64
Stores Road Destructor	2	10
Normanton Recreation Ground	2	5
Markeaton Brook and Recreation Ground	5	15
Dykes back of Uttoxeter Road and Manor Road	9	nil

197 visits were made to private residences, etc., including Corporation houses ; 125 rats were caught and in some cases poison laid and advice given as to further suppression.

In the case of 26 premises the trouble was due to broken drains and these were repaired where necessary. In this connection, considerable assistance has been afforded to the Department by the Sanitary Inspector.

TUBERCULOSIS ORDER.

Mr. E. A. Hornsby, the Markets Superintendent, reports that :—

During the twelve months ended 31st December, 1937, 12 cows, all in milk, were taken from premises within the Borough and slaughtered, for the following reasons :—

One animal with Tuberculosis of the Udder.

Six animals giving Tubercular milk.

Five animals with chronic cough and showing definite clinical signs of Tuberculosis.

The post-mortem examinations confirmed the suspicions in all cases.

Two of the cases were reported by the owner, seven found when inspections were made under the Milk and Dairies Order, and in three cases Tubercular Bacilli were found in the milk samples.

Tubercular Cattle in the Market.

23 animals suspected of being Tubercular were prevented from being sold in the Cattle Market, compared with 19 last year, and were dealt with as follows :—

10 Cows in Milk :—

Of the above, eight cows were suffering with chronic coughs, etc. ; one with T.B. emaciation and one with T.B. of the udder, and were dealt with as follows :—

1 sent back to the farm from which it came.

5 sent to the Knackers' Yard, Stores Road, Derby.

4 sent to the Corporation Slaughterhouse, Cattle Market, the owners in each case exercising their option of having them slaughtered.

13 Cows not in Milk :—

Of the above, seven cows were suffering with chronic coughs, etc. ; and six with T.B. emaciation, and were dealt with as follows :—

3 sent back to the farms from which they came.

7 sent to the Corporation Slaughterhouse, Cattle Market.

3 sent to the Knackers' Yard, Stores Road, Derby, the owners in each case exercising their option of having them slaughtered.

WATER SUPPLY.

Mr. T. B. Farrington, Water Engineer, reports as follows :—

" Various extensions in connection with building operations have been made to existing water mains.

The supply of water has been satisfactory, both in quality and quantity.

I also append copy of the last analysis of water made by the Borough Analyst :—

The following are the results of analysis of the three samples of water received from you on the 21st July, 1937 :—

	Mixed Water High Service.	*Mixed Water Low Service.*	*Supply in Town. High Service.*
pH Value	7.3	7·3	7·3
	PARTS PER 100,000.		
Total Solid Matter	21·5	16·6	19·0
Volatile Matter	3·4	2·4	2·5
Mineral Residue	18·1	14·2	16·5
Nitrogen as Free and Saline Ammonia	0	0	0
Nitrogen as Albuminoid Ammonia	0·0016	0·0017	0·0014
Nitrogen as Nitrates	0·02	0·02	0·02
Chlorine	1·8	1·6	1·7
Oxygen absorbed in 4 hours at 80°F.	0·047	0·057	0·047
Hardness Temporary	9·8	6·9	9·1
Permanent	4·2	4·1	4·1
Total	14·0	11·0	13·2
Metals	Nil	Nil	Nil
Appearance in 2ft. Tube	Clear	Clear	Clear
MINERAL ANALYSIS.			
Silica	0·50	0·50	0·54
Oxides of Iron and Alumina	0·08	0·05	0·02
Lime, CaO	6·14	4·54	5·82
Magnesia, MgO	1·14	1·10	1·10
Sulphuric Anhydride, SO_3	3·41	2·97	3·30

The acids and bases may be combined to give the following probable composition :—

Silica	0·60	0·58	0·61
Oxides of Iron and Alumina	0·08	0·05	0·02
Calcium Carbonate	9·8	6·9	9·11
Calcium Sulphate	1·6	1·6	1·75
Magnesium Sulphate	3·4	3·0	3·3
Magnesium Chloride	—	0·2	—
Sodium Sulphate	0·4	—	0·2
Sodium Chloride	3·0	2·4	2·8
Sodium Nitrate	0·1	0·1	0·1

In appearance the samples were clear and of a yellowish-green colour.

The analytical results show the presence of only small proportions of unoxidised organic matter, and there is no indication of the occurrence of pollution.

As a result of chemical analysis, I am of the opinion that these waters are of satisfactory quality for drinking purposes and for domestic use.

(Signed) R. W. SUTTON,
Borough Analyst.

Supply.

Number of gallons of water supplied to Derby from Public Supply (Derby Water Area, which includes Borough and various Parishes outside)	2,187,245,000
Gallons per day per head of population	30·41
Percentage of total quantity from the Derwent Valley Supply ...	61%

Used during the year.

	Gallons
Sewer Flushing	3,640,980
Street Watering	968,119
Steam Rolling	173,669

HOUSING.

Action under the Housing Acts.

In regard to the census of overcrowding, of course the new houses that are being built remain to be measured, as well as some of the older existing houses in the town, but the Survey that has been made has produced all the information that is needed for perfect dealing with the overcrowding clauses of the Act. Sections 9 and 11 have been applied strongly throughout the year and efforts were made to reorganise this portion of the work so that greater results could be achieved.

A summary of the representations by the Medical Officer of Health and the results are appended to the usual Ministry of Health form on pages 159 and 160 in a paragraph "G. Extra."

Housing Statistics.

1. Inspection of Dwelling-Houses during the Year.

(1) (*a*) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	2,290
(*b*) Number of inspections made for the purpose	15,380
(2) (*a*) Number of dwelling-houses (included under sub-head (1) above) which are inspected and recorded under the Housing Consolidated Regulations, 1925 ...	1,127
(*b*) Number of inspections made for the purpose	8,252
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation...	65
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	1,770

2. Remedy of Defects during the Year without Service of Formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	1,551

3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	11
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(*a*) By owners	78
(*b*) By local authority in default of owners	—

B.—Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	98
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(*a*) By owners	80
(*b*) By local authority in default of owners	—

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	59
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	230
(3) Undertaking fulfilled	21

D.—Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	6
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit	—

G (Extra).

Representations to Committee by Medical Officer of Health (Secs. 1 and 19)	1,418

Areas :—

(*a*) No. of areas submitted to Ministry	19
No. of houses affected	488
Excluded from areas by Ministry of Health	27
No. of houses demolished	446
Houses closed but not yet demolished	15

Individual Unfit Houses :—

Houses demolished	594
Undertakings fulfilled	58
Parts of Buildings closed (Section 20)	9
Houses closed but not yet demolished	47

Removals from Condemned Houses :—

By the Corporation	843
Found own Accommodation	319

EXTRACT FROM THE QUARTERLY PROGRESS REPORT TO THE MINISTRY.

Position at 31st December, 1937.

1.	Number of Dwelling-houses demolished. Unfit Houses. 2.	Number of Dwelling-houses demolished. Other Houses. 3.	Number of Dwelling-houses made fit. 4.	Number of Persons displaced. From Demolish'd Houses. 5.	Number of Persons displaced. To Abate over-crowding. 6.
Under Part III. of the Act of 1936–					
(A) Clearance Areas :—					
(i.) Land col. Pink ...	446	—	—	1678	—
(ii.) Land col. Grey ...	—	4	—		
(B) Improvement Areas.	Houses closed but not yet demolished—15				

1.	Number of Dwelling-houses Demolished (Sec. 19). 2.	Parts of Buildings Closed (Sec. 20). 3.	Number of persons displaced from Houses in Cols. 2 & 3 (Sec. 19 & 20) 4.	Number of Dwelling-houses made fit (Secs. 17 to 20). 5.
Under Part II. of the Act of 1936—				
(C) Insan. houses not included in Clearance Areas or Imp. Areas	594	9	2,363	1,273
	Houses closed but not yet demolished—47.			

Item (C) is to be completed by ALL housing authorities, the word "NIL" being inserted where appropriate. * In addition to the action reported above :—

(i.) 12 insanitary houses have been demolished in anticipation of formal procedure under Section 11.

(ii.) 8 insanitary houses have been closed (but not demolished) on an undertaking (which has not been cancelled) of the owner under Section 11.

(iii.) 6,175 houses have been made fit as result of informal notice preliminary to formal notice under Section 9.

Housing Act, 1936. Part IV.—Overcrowding.

(a)	No. of dwellings overcrowded at end of year...	305
	No. of families dwelling therein	311
	No. of persons dwelling therein	2,298
(b)	No. of new cases of overcrowding reported during the year	16
(c)	No. of cases of overcrowding relieved during the year ...	76
	No. of persons concerned in such cases	515
(d)	Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	nil

Fitness of Houses and Re-Conditioning.

The Housing Acts, in defining a house fit for human habitation, say that regard shall be had, amongst other things, " to the general standard of housing accommodation in the district." For all future purposes, and to emphasise the " standard " that exists in this district, figures are appended. They are a summary of the main items reported year by year since 1920, when operations first began under repair sections of the Housing Acts, and are culled from Annual Reports since that date. They are as follows :—

Houses made fit in all respects (including all amenities—coppers, sinks, water on sinks, larders, and all repairs) ...	12,289
Entirely new sinks provided where none existed before ...	1,670
Old sinks replaced by new...	2,867
Houses dampcoursed	2,949
Roofs, floors, firegrates, stairs, walls, etc., repaired	45,295
Wash coppers provided where none existed before	1,128
Wash coppers repaired	1,470
Larders provided where none existed before	2,669
Water laid on inside houses	1,854

In addition to vast numbers of other repairs, and not including the enormous figures detailed as done under the Public Health Acts.

The subjoined figures were contributed by the Estates Manager :—

Houses erected during the year 1937, January—December :—

(a)	By Local Authority	421
	By other bodies and persons	533
	By other Local Authorities	Nil
		954

(*b*) With State assistance under the Housing Acts :—	
By the Local Authority	370
For purposes of Part 2 of 1925 Act and Housing Act, 1930...	370
For purposes of Part 3 of 1925 Act	Nil
For other purposes	51
By other bodies and persons	Nil
Number of houses owned by the Local Authority on weekly rental	6,638
Being purchased on instalment system	190
Held under Part 3 of Housing Act, 1925	4,545
Held under Part 2 of Housing Act, 1925, and Housing Act, 1930...	1,110
Held under Housing Act, 1919	729
Held under Housing Act, 1923	189
Non-Assisted Scheme...	65

Houses built in last two years :—

Held under Part 3 of Housing Act, 1925.

Built during 1936	Nil
Built during 1937	Nil

Held under Part 2 of the Housing Act, 1925, and under Housing Act, 1930 :—

Built during 1936	158
Built during 1937	370

Held under other Powers :—

Built during 1936	Nil
Built during 1937	51

It is considered that the schemes now in progress and projected will meet the existing shortage of houses lettable at reasonable rents.

There are no special difficulties in the way of providing suitable sites for new houses.

Re-Housing and Dis-infestation.

The old offices in Ford Street are still in use as a disinfesting station, but plans have been prepared for as good a station as could be wished for, and it is hoped that the year 1938 will see it in operation. All the goods and chattels of the dispossessed tenants from condemned property are collected, disinfested, and removed to the new house in a state perfectly free from vermin. I need not go into the details of our process except to state that the gas HCN is used. Whilst I am on the subject of verminous furniture and houses, the work of ridding existing tenanted houses of the pest is assuming large proportions, and it has been found necessary to give expert help to those tenants and landlords who have wished it. Sprays are loaned out and insecticide sold for the use of tenants, whilst in empty houses we have undertaken at a small cost to do two separate sprayings at fortnightly intervals, and afterwards follow up with aid to the incoming tenants. Our efforts, I am pleased to say, are achieving success.

Houses of furniture, etc., disinfested during the year ...	212
Total since the commencement	1,009

141 families were moved during the year.

The following is a summary of the activities carried out with the power of Section 9 of the Housing Act, 1936:—

Section 9, Housing Act, 1936.

Number of houses inspected	1,127
Number of houses dealt with	608
Number of preliminary notices served	660
Number of re-inspections	8,252
Number of houses made "fit in all respects" or "Re-conditioned"	519

DEFECTS REMEDIED.

Dustbins	Provided	36
Drains	Cleansed	—
	Provided	7
	Repaired	7
	Renewed	19
	Trapped	17
Soilpipes and Vents	Repaired or renewed	18
Spouting	Cleansed Repaired	209
	Renewed	90
	Disconnected from drain	11
Spouting	Rainwater pumps repaired	3
	Rainwater pumps removed	34
	Rainwater cisterns filled in or demolished	35
	Rainwater pipes disconnected	93
Houses	Dampcoursed and made dry	208
	Cleansed, &c.	10
	Overcrowding prevented	2
	Paving of yards, etc., repaired	340
	Roofs repaired	149
	Floors repaired	575
	Walls—brickwork and pointing made good	764
	Doors repaired	134
	Windows repaired	531
	Stairs repaired	321
	Firegrates repaired	316
	Plaster repaired	416
	Rooms ventilated	164
	Washing accommodation provided	22
	Wash-houses repaired	5
	Washcoppers repaired	60
	Sinks—New, provided	31
	Renewed	101
	Wastepipes—Repaired or renewed	123
	Provided	31
	Provided with food stores	80
	Efficient lighting provided	4
	Chimneys rebuilt or repaired	260
Water	Town water provided	29
	Service pipes or taps repaired	3
W.C.'s	Additional provided	4
	Fittings repaired or cleansed	149
	Flushing water laid on	7
	Repaired, rebuilt or cleansed	142
Outbuildings—Complaints removed		123
Other nuisances or defects abated or remedied		118
	Total	5,801

WORK DONE UNDER PUBLIC HEALTH AND ALLIED ACTS, OTHER THAN HOUSING ACTS.

Defects Remedied.

Accumulations	(Offensive) removed	20
Animals	Removed	4
	Nuisances abated	—
Ashpits	Demolished	2
	Repaired	—
	Dustbins provided	556
Drains	Cleansed	458
	Repaired	23
	Reconstructed	63
	Traps fixed	50
	Provided	4
	Disconnected from sewer	—
	Ventilation shafts fixed	14
	Manholes provided	34
	Manholes repaired	20
W.C.'s	Additional provided	28
	Fittings repaired	185
	Flushing water laid on	9
	Repaired	102
	Rebuilt	37
	Cleansed	13
Privies and Tub Closets	Converted to W.C.'s	13
	Demolished	—
Soilpipes	Cleansed	—
	Repaired	1
	Provided	3
Urinals	Provided	—
	Repaired	—
	Reconstructed	4
Sinks	Provided	25
	Repaired	9
	Renewed	69
Wastepipes	Provided	28
	Repaired	29
	Cleansed	4
	Disconnected from drain	—
	Efficiently trapped	—
Spouting	Cleansed	74
	Repaired	150
	Renewed	74
	Provided	16
	Disconnected from drain	47
	Soft water pumps repaired	1
	Soft water pumps removed	16
	Soft water cisterns filled in	15
	Soft water cisterns cleansed	1
Houses	Cellars cleansed	30
	Cleansed, limewashed, etc.	11
	Dampcoursed and made dry	60
	Overcrowding prevented	11
	Paving of yards and passages repaired	161
	Roofs repaired	264
	Floors repaired	214
	Walls repaired	85
	Stairs repaired	24
	Windows repaired	265
	Firegrates repaired	192
	Plaster repaired	182
	Rooms ventilated	4

Manure	Accumulations removed	3
	Pits abolished	—
	Pits repaired	—
	Moveable receptacles provided	—
Stables	Cleansed	1
	Drained	—
	Re-paved	—
Water	Wells closed	—
	Wells filled in	—
	Town water provided	4
	Fittings repaired	20
Other nuisances or defects remedied		314
Common lodging houses...		24
Houses let in lodgings		48
Dairies, Cowsheds and Milkshops		46
Bakehouses		14
Food-preparing premises		32
Factories and Workshops		49
		4,259
Smoke Observations		34
Slaughterhouses—Contraventions		1
Merchandise Marks Act—Contraventions		29
		4,323

Inspectors' Visits—12,573. Notices served—1,424.

POLICE COURT PROCEEDINGS.

Charge	*Result.*
Contravention of Housing Act—re-letting house after Demolition Orders had been served.	Fined £5 on each of two counts and 13s. 6d. costs.
Four charges :— 1. Animals kept so as to be a nuisance or injurious to health. 2. The premises being in such a state as to be a nuisance or injurious to health inasmuch as there are no proper receptacles for the storage of manure and garbage. 3. An accumulation or deposit which is a nuisance or injurious to health. 4. Premises being in such a state as to be a nuisance or injurious to health inasmuch as the yard is in a filthy condition and foul.	Order for work to be completed in 14 days.
Nuisance under Section 91 of the Public Health Act, 1875	Fined 4s. 0d. costs.
Obstruction under Section 157 of the Housing Act, 1936	Fined 10/-
Obstruction under Section 157 of the of the Housing Act, 1936.	Summons withdrawn owing to defendant's mental condition.
Obstruction under Section 287 of the Public Health Act, 1936.	Fined 40s. 0d.

I regret to have to recount the loss to this Council, through Superannuation, of Mr. F. Hanson, the Deputy Chief Sanitary Inspector who had been in service here since 1908. A finer and more loyal servant I do not think the Corporation could possibly have.

Once again I finish as I began, appealing for a large increase in the staff, and an additional incentive in larger salary, as a bait to keep the Inspectors longer in service here.

I have to thank you, Sir, for the splendid help and cheer you have given me during the year, and with that feeling between us and the staff, the town's work is far better accomplished.

I am,

Yours faithfully,

HARRY J. MORGAN,

Chief Sanitary Inspector.